

STEP 1 — All Children in the Household

Student ID (optional)	Last Name	First Name	MI	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one:** Yes / No

If you answered NO > Complete STEP 3. **If you answered YES** > Write a case number then skip to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly	Child Income	How Often?													
		W	E	T	M										
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.															
B. List all household members not listed in Step 1 (including yourself) even if they do not receive income . For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.															
Adult Household Member Name (First and Last)	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?			
		W	E	T	M		W	E	T	M		W	E	T	M
Total Household Size (Children and Adults)		Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member				*** -** -		Check if no SSN							

STEP 4 — Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed name of adult completing the form

Signature of adult completing the form

X

Today's Date

M

M

D

D

Y

Y

Street Address (if available)

City

State

T X

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race (check one or more): ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White
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