2026-27 Child Nutrition Eligibility & Education Benefit Application –
Lakewood School District #306, Attn: Food Services P.O. Box 220, N. Lakewood, WA 98259

Apply online: Skyward Family Access > Food Service Application tile or Complete, sign, and return this application to: The youngest sibling's school office

This application may qualify you for: meal benefits, SUN Bucks benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact on your eligibility to receive meals at no cost.

Check here if you received meal benefits last year: ☐ **Check here if you do NOT wish to receive benefits or provide income information:** ☐

1. List **all students** living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. ☐ **Homeless** ☐ **Migrant**

Student's Last Name	Student's First Name	MI	Foster	Date of Birth*	School*	Grade*	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDPIR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

4. Total Household Members (include all people living in your household): ☐
(total listed must equal number of household members listed above)

Last Four Digits of Social Security Number (SSN) of ☐ Check if no SSN: ☐
Primary Wage Earner or Other Household Member (*Optional if only applying for Summer EBT)*

5. Contact Information & Signature – Complete, sign, and return this application to:

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive SUN Bucks benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. **I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal criminal statutes.**

Printed Name of Adult Household Member _____

Adult Household Member Signature _____

E-mail Address* _____

Mailing Address** _____

City, State & Zip Code** _____

Daytime Phone* _____

Date _____

***These fields are informational only and not required.**

****This field is optional; however, the mailing address provided will assist in determining where communication and SUN Bucks cards (as applicable) should be mailed to.**

6. Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black, or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Mark one ethnic identity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider.

Lakewood School District's Non-Discrimination Statement

In accordance with RCW49.60, the Lakewood School District does not discriminate in employment and schools. The Lakewood School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, use of a trained dog to guide or service animal by a person with a disability and provides equal access to the Boy Scouts and designated youth groups. The district complies with all applicable state and federal laws and regulations to include, but not limited to, Title IX, Title VI of the Civil Rights Acts, Section 504 of the Rehabilitation Act, RCW 49.60 "The Law Against Discrimination," and RCW 28A.640 "Sex Equity," and covers, but is not limited to, all district programs, courses, activities, including extracurricular activities, services, access to facilities, etc. Inquiries regarding compliance procedures should be directed to Lakewood School District, 17110 16th Drive NE, Marysville, WA 98271, Attention: Title IX and Civil Rights Officer, Tim Haines, 360-652-4500, thaines@lwsd.wednet.edu or ADA Compliance Officer and Section 504 Compliance Officer, Lissan Wipfli, 360-652-4500, lwipfli@lwsd.wednet.edu

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL:
- ☐ Basic Food/TANF/FDPIR/Foster
- ☐ Income Household

Total Household Size _____

Total Household Income $_____

Weekly	Bi-Weekly	2x per Month	Monthly	Annual
☐	☐	☐	☐	☐

APPLICATION APPROVED FOR:
- ☐ Free Eligible
- ☐ Reduced-Price Eligible

APPLICATION DENIED BECAUSE:
- ☐ Income Over Allowed Amount
- ☐ Other: _____
- ☐ Incomplete/Missing Information

Date Notice Sent	Signature of Approving Official	Date	Application ID Number
_____	_____	_____	_____

CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION
FOR OTHER SCHOOL PROGRAMS
2026–27 School Year

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals or Summer-EBT benefits.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
☐	ASB Cards	Facilitate fee waivers as required by RCW 28A.325.210
☐	Sports/Athletics (Participation & Entry Fees)	Fee Reduction
☐	ASB Clubs (Activities & Field Trips)	Fee Reduction
☐	Dances & Plays (Entry Fees)	Fee Reduction

Print Student Name(s) here:

_____ _____

_____ _____

_____ _____

_____ _____

Signature of Parent/Guardian: _____ Date: _____

Email Address: _____ Phone: _____

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