

2026-2027 Application for Free and Reduced Price School Meals

RETURN TO SCHOOL/BUSINESS OFFICE

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless	If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR? AWARD LETTER REQUIRED. SUBMIT WITH APPLICATION

☐ NO → Go to STEP 3. ☐ YES → Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions) MUST PROVIDE PROOF OF INCOME OR NJ SNAP WITH APPLICATION

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐

Total Household Members (Children and Adults) Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) Check if no Social Security Number

B. Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here. Child Income

Please see application's back for list of income sources.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Mailing Address (if available)	City	State
	Zip	Phone (optional)
		Email (optional)

Return completed form to your child's school.

For additional information on income, please refer to the instructions that accompany this application.

OPTIONAL	Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.
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Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

Annual Income Conversion: Weekly $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Use of Information Statement

This institution is an equal opportunity provider.