

2026-2027 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online at

STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
Children in foster care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.							Check all that apply		

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If **No**, go to **STEP 3**. If **Yes**, write a case number here, then go to **STEP 4**. (Do not complete **STEP 3**.)

Case Number:

Write only one case number in this space.

STEP 3 Report income for ALL household members (Skip this step if you answered **YES** to **STEP 2**)

Are you unsure what income to include here? Flip the page, and review the charts titled *Sources of Income* for more information.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in **STEP 1** here.

Child Income	
\$	

How Often		
Weekly	Bi-weekly	2x Monthly
☐	☐	☐

B. All Adult Household Members (Including Yourself)

List all household members not listed in **STEP 1** (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) 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.

Names of Adult Household Members (First and Last)	Earnings From Work			How Often			Public Assistance/Child Support/Alimony			How Often			Pensions/Retirement/All Other Income			How Often		
	Weekly	Bi-weekly	2x Monthly	Weekly	Bi-weekly	2x Monthly	Weekly	Bi-weekly	2x Monthly	Weekly	Bi-weekly	2x Monthly	Weekly	Bi-weekly	2x Monthly			
	\$																	
	\$																	
	\$																	
	\$																	
	\$																	

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X	X	X	X
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Check if No SSN ☐

STEP 4: Contact information and adult signature

Mail Completed Form to: Insert Your School District Mailing Address Here

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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.

Street Address (if available)	Apt #	City	State	Zip Code	Daytime Phone and E-Mail (Optional)
Printed Name of Adult Signing the Form					Signature of Adult Completing the Form
					Today's Date