

# 2020-2021 Household Application for Free and Reduced Price School Meals

Date received: \_\_\_\_\_

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

## 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."  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. **Do not** How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student? Yes No	Foster	Homeless, Migrant, Runaway

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one YES / NO

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: \_\_\_\_\_

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
 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. 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 they do receive income, report total 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.

Name of Adult Household Member (First and Last)	Earnings from Work			Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income			Total Household Members (Children and Adults)
	Weekly	Bi-Weekly 2x Month	Monthly		Weekly	Bi-Weekly 2x Month	Monthly	

Child Income: \$ \_\_\_\_\_

## 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.

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of adult \_\_\_\_\_ Today's date \_\_\_\_\_

Daytime Phone and Email (optional) \_\_\_\_\_