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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. *Read How to Apply for Free and Reduced-Price School Meals* for more information.

[illegible]

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:

While only one case number fits this space:

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 come on reporting income. Please indicate whether:

Child Income			

How Often			
Weekly	Bi-weekly	2x Monthly	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The *Sources of Income for Children* chat will help you with the Child Income section.

The *Sources of Income for Adults* chart will help you with the ALL Adult House Members section.

B. All Adult Household Members (Including Yourself)

Last 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		
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

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

STEP 4: Contact information and adult signature

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

Check if No SSN ☐

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 purposefully give false information, my children may lose meal benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if available)

Apl #

City

Slate

Zip Code

Daytime Phone and E-Mail (Optional)

Printed Name of Adult Signing the Form: _____

Signature of Adult Completing the Form

Today's Date _____