

If you received a letter stating your child is Direct Certified, you do not need to complete this application. Please complete only one application per household

***** Your family is responsible for all charges and purchases until this application is approved. *****

STEP 1: List all household members who are children. Include infants, children, and students up to and including grade 12. List adults in Step 2, part B.

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, and Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's first name	Child's last name	School & Grade	Student ID (if known)	Mark if foster child. If all are foster children, skip to part 4 & sign.	Mark if Homeless, Migrant, or Runaway
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

STEP 2: Do any household members (including you) currently participate in one or more of the following: SNAP or TANF? Yes No
 If you answered YES, write a case number in the blank and continue to STEP 4 (skip STEP 3) **CASE # IS REQUIRED:** _____
 If you answered NO, continue to STEP 3.

STEP 3: Report Income for all household members below in parts A and B. (Skip this step if you answered "yes" in Step 2.)

Please read How to Apply for Free and Reduced Price Meals for more information. The Sources of Income for Children chart will help you with the Child Income question. The Sources of Income for Adults chart will help with the All Adult Household Members section.

Part A: Child Income: Sometimes children in the household earn income. Include the TOTAL income earned by all children listed in STEP 1 here. Enter whole dollars only. Mark the frequency.	Child Income (whole \$)				Weekly	Biweekly	2xMonth	Monthly
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part B: All Adult Household members (including yourself). List household members not listed in STEP 1, even if they do not receive income. If a household member receives income, list total income from each source in whole dollars only. If no income, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.	Earnings from work before deductions	Weekly				Welfare, child support, alimony	Every 2 weeks				Pensions, Retirement, SSI, Social Security, VA Benefits	All other types of income								
		Weekly	Every 2 weeks	2 x monthly	Monthly		Weekly	Every 2 weeks	2 x monthly	Monthly		Weekly	Every 2 weeks	2 x monthly	Monthly					
<i>(Example) Jane Smith</i>	\$199	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$180	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	\$100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	\$19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (children & adult): Last four digits of the Social Security Number (SSN) of the Primary Wage Earner or other adult household member Mark if no SSN

STEP 4: Contact information and adult signature

"I certify (promise) that all information on this application is true and 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 benefits and I may be prosecuted under applicable State and Federal laws."

Sign here: _____ Print name: _____ Date: _____ Phone #: _____
 Address: _____ City: _____ Zip: _____

Children's ethnic and racial identities (optional). We are required to ask about your children's race and ethnicity. This information is important and helps to make sure that we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Choose one ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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DO NOT fill out this part. This is for office use only. Annual income conversion: Weekly x 52, Every 2 Weeks x 26, Twice a month x 24, Monthly x 12
 Household size: _____ Total income: _____ Per Week Every 2 weeks 2x per month Monthly Year
 Categorical Eligibility: _____ Eligibility: Free _____ Reduced Price: _____ Denied: _____ Reason: Exceeds Income Incomplete Other
 Date withdrawn: _____ Date returned: _____
 Determining Official: _____ Date: _____
 Confirming Official: _____ Date: _____ Verifying Official: _____ Date: _____