

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

You only need to submit one application per household, even if your children attend more than one school within the same District.

PLEASE USE A BLACK OR BLUE PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL CHILDREN IN SCHOOL IN THE HOUSEHOLD.

Who should I list here? Include ALL members in your household (related or not) who are children age 18 or under AND are supported with the household's income and/or in your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start.

- A) **List each student's name.** When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) **Do you have any foster children?** If so, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. If you are applying for both foster and non-foster children, go to step 3.
- C) **Are any children homeless, migrant, runaway, or Head Start?** Mark the corresponding box next to the child's name.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)?

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN THE ABOVE LISTED PROGRAMS:** Circle 'NO' and proceed to STEP 3.
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN THE ABOVE LISTED PROGRAMS:** Circle 'YES' and provide the case number. You only need one case number. You **must** provide a case number on your application if you circled "YES". Skip to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- A) **LIST ALL HOUSEHOLD MEMBERS** (including yourself and students listed in Part 1) who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- B) **REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. If they do not receive income from any source, write "0". Mark how often each type of income is received by using the boxes to the right of each field.
- **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes and insurance premiums.
 - **What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- C) **REPORT TOTAL HOUSEHOLD SIZE.** Enter all household members in the field "Total Household Size (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 3. Put a check mark next to each household member approved for the 2024 or 2025 PFD.
- D) **PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER (SSN).** You are eligible to apply without one, select "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult household member. Signing promises that all information has been truthfully and completely reported.

- A) **PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided. No permanent address does not affect eligibility.
- B) **PRINT AND SIGN YOUR NAME.**
- C) **WRITE TODAY'S DATE.** In the space provided, write today's date in the box.
- D) **SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** This field is optional and does not affect eligibility.

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We **MAY** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

2025 - 2026 Application for Free and Reduced Price Meals
Complete one application per household. Please use a pen (not a pencil).



STEP 1 — All Children in the Household

Student ID (optional)	Last Name	First Name	MI	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
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Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number then skip to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read How To Apply for Free and Reduced Price School Meals for more information.

Gross income and how often it is received: A = Annual, W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

All Household Member Names (First and Last)	Earnings from Work	How Often?					Public Assistance / Alimony	How Often?					Pensions / Retirement / All Other Income	How Often?					PFD Approved?	
		A	W	E	T	M		A	W	E	T	M		A	W	E	T	M	2024	2025
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Total Household Size
(Children and Adults)

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

*** - ** -

Check if no SSN

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."

Printed name of adult completing the form	Signature of adult completing the form	Today's Date
<div></div>	<div>X</div>	<div>M M D D Y Y</div>
Street Address (if available)	City	State ZIP Code
<div></div>	<div></div>	<div>A K</div>
Home Phone Number	Work Phone Number	Email
<div></div>	<div></div>	<div></div>

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):	Race (check one or more):		
<div>Hispanic or Latino</div>	<div>American Indian or Alaskan Native</div>	<div>Black or African American</div>	
<div>Not Hispanic or Latino</div>	<div>Asian</div>	<div>Native Hawaiian or Other Pacific Islander</div>	<div>White</div>