2019-2020 Household Application for Free and Reduced Price School Meals

Apply online at: Schools insert link to your online application, if applicable, or delete.

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

In Community Eligibility Schools (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

**Definition of Household Member:** “Anyone who is living with you and shares income and expenses, even if not related.”

**STEP 1** List ALL infants, children, and students up to and including grade 12 who are Household Members

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>MI</th>
<th>Child’s Last Name</th>
<th>Grade</th>
</tr>
</thead>
</table>

If more spaces are required for additional names, attach another sheet of paper.

**STEP 2** Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR?

- Yes
- No

**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 income. Please include the TOTAL income earned by all infants, children, and students up to and including grade 12 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 only (no cents). 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.

C. Earnings from Work

D. Public Assistance/Child Support/Alimony/Social Security

E. Pensions/Retirement/Social Security, Other Income

F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.

**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 OR Signature of Adult Completing this application—REQUIRED

Insert your school district mailing address here

Street Address (if available) Apt # City State Zip

Daytime Phone and Email (optional)

Today’s Date Mo./Day/Yr.
For schools participating in CEP only: Are all students on this application from a CEP school? Yes □ No □

If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.