

FREE AND REDUCED-PRICE SCHOOL MEAL APPLICATION INSTRUCTIONS



IMPORTANT INFORMATION

- You do not have to be a US citizen to apply for school meals and school meals are not part of Public Charge.
- You can fill out and submit a school meal application at any time during the year.
- You only need to fill out one application for all the students in your household even if they attend different schools.
- Households will be notified of eligibility within 10 days of applying. Please fill out all of the fields on the application, if not the application will not be valid.

All the information provided in the application is confidential and is not reported to any organization outside of your school district. Use this document to help guide you when filling out the school meals application.

INCOME ELIGIBILITY

If you are applying based on income eligibility or you are applying based on income and another source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

STEP 1: List all Students First and Last Names

Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip This Section

STEP 3: Income

Student Income

Report the combined gross income (before taxes and other deductions) for ALL students listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household.

All Other Household Members (including yourself)

Print the name of each household member in the boxes marked "Names of Other Household Members."

Do not include people who live with you but are not supported by your household's income and do not contribute income to your household. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report Gross Income (Total Income Before Taxes and Deductions) for Each Household Member

- Earnings from work: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly checkbox. If you do not normally receive overtime pay, do not include in your reported income.
- Income from Public Assistance/Child Support/Alimony: List the total amount each person received from any public assistance programs (do not include income from SNAP, TANF or FDPIR), child support or alimony.
For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly checkbox.

Report total household members. The total must equal all names listed within the student and household members' fields. Provide the last four of the Social Security Number (SSN)*, or "Check if no SSN".

STEP 4: Sign the Application

STEP 5: Medicaid/SCHIP and School/District Programs

If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

**This information is not reported to anyone.*



CATEGORICAL ELIGIBILITY

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

STEP 1: List all Student's First and Last Names

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

Optional: Provide date of birth and grade.

SKIP STEPS 2&3

STEP 4: Sign the Application

Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: Medicaid/SCHIP and School/District Programs

If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

CASE NUMBER APPLICATIONS

If you or someone in your household receives the Supplemental Nutrition Assistance Program (SNAP), TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

STEP 1: List all Student's First and Last Names

Optional: Provide date of birth and grade.

STEP 2: Case Number

List a case number if you or someone in your household participates in SNAP, TANF or FDPIR.

STEP 3: Skip this Section

STEP 4: Sign the Application

Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: Medicaid/SCHIP and School/District Programs

If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

