

2020 - 2021 Household Application for Free and Reduced Price Meals and the Special Milk Program

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

Apply online at <https://www.schoolcafe.com>

STEP 1 — All Children in the Household

| Student ID | Last Name | First Name | MI | Date of Birth | School | Grade | Foster | Homeless | Migrant | Runaway | Head Start |
|------------|-----------|------------|----|---------------|--------|-------|--------|----------|---------|---------|------------|
|            |           |            |    |               |        |       |        |          |         |         |            |
|            |           |            |    |               |        |       |        |          |         |         |            |
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|            |           |            |    |               |        |       |        |          |         |         |            |

STEP 2 — Assistance Programs

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

Case Number:

If you answered NO > Complete STEP 3. If you answered YES > [Write a nine-digit case number](#), then skip to STEP 4.

STEP 3 — All Household Member Income (even if they do not receive 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. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

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

Child Income

How Often?

A W E T M

A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in STEP 1 here.

B. [List all household members not listed in STEP 1](#) (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.

| Adult Household Member Name<br>(First and Last) | Annual<br>Income | Earnings<br>from Work | How Often? | Public Assistance /<br>Child Support / Alimony | How Often? | Pensions / Retirement /<br>All Other Income | How Often? |
|---|------------------|-----------------------|------------|--|------------|---|------------|
|   |                  |                       | A W E T M  |  | A W E T M  |   | A W E T M  |
|   |                  |                       | A W E T M  |  | A W E T M  |   | A W E T M  |
|   |                  |                       | A W E T M  |  | A W E T M  |   | A W E T M  |
|   |                  |                       | A W E T M  |  | A W E T M  |   | A W E T M  |
|   |                  |                       | A W E T M  |  | A W E T M  |   | A W E T M  |

Total Household Size  
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of  
Primary Wage Earner or Another Adult Household Member or \*\*\* - \*\* -  
an Indication that no Adult Household Member has an SSN

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

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

Race (check one or more):

☐ Hispanic or Latino

☐ American Indian or Alaskan Native


☐ Black or African American

☐ Not Hispanic or Latino

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ White

  
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