**2026-2027 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS**
**COMPLETE *ONE APPLICATION* PER HOUSEHOLD**

Office Use Only

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

**Part 1. CHILDREN IN SCHOOL:** List ALL children in school who live in the household.

| | LAST NAME | FIRST NAME | M.I. | GRADE | SCHOOL | STUDENT ID# (optional) | FOSTER CHILD** |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | ☐ |
| 2 | | | | | | | ☐ |
| 3 | | | | | | | ☐ |
| 4 | | | | | | | ☐ |
| 5 | | | | | | | ☐ |
| 6 | | | | | | | ☐ |

** If the student(s) you are applying for is a **FOSTER CHILD,** who is the legal responsibility of a welfare agency or the court, **check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.**

**Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.**

**Name:** **SNAP or TANF Case Number** (Do not use 16 digit EBT card number): ☐☐☐☐☐☐☐☐☐☐☐☐ **(Case number is 7-12 digits)**

**Part 3.** If the child you are applying for is homeless, a migrant, or a runaway, check the box and **call your school to talk with the homeless, migrant or runaway coordinator**.
☐ Homeless ☐ Migrant ☐ Runaway **Complete Parts 1, 4, 5, 6, and 7.**

**Part 4. ALL OTHER HOUSEHOLDS**: List all household members; include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

List Gross Income before any deductions. Write in **how often** income is received. Use the following: **(W) = Weekly (2Wk) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly**

| Names of all Household Members [Include the children in school above] Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number in Part 2. | Age | Earnings from Work Before Deductions: Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income, Self-Owned Business or Farm — Job 1 $ Amount/How Often | Earnings from Work Before Deductions — Job 2 $ Amount/How Often | Welfare, Child Support, Alimony: Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments $ Amount/How Often | Pensions, Retirement, Social Security: Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security $ Amount/How Often | All Other Income: Disability Benefits, Cash from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income $ Amount/How Often |
|---|---|---|---|---|---|---|
| **EXAMPLE:** *Jane Doe* | *32* | $ 1,800 / 2M | $ 0 / | $ 0 / | $ 0 / | $ 0 / |
| 1. | | $ / | $ / | $ / | $ / | $ / |
| 2. | | $ / | $ / | $ / | $ / | $ / |
| 3. | | $ / | $ / | $ / | $ / | $ / |
| 4. | | $ / | $ / | $ / | $ / | $ / |
| 5. | | $ / | $ / | $ / | $ / | $ / |
| 6. | | $ / | $ / | $ / | $ / | $ / |
| 7. | | $ / | $ / | $ / | $ / | $ / |
| 8. | | $ / | $ / | $ / | $ / | $ / |
| **Total Household Members (Children and Adults)** ☐☐ | | | | | | |

**Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.**
**Ethnic Identities:** Choose one of the following: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
**Racial Identities:** Choose one or more of the following racial identities (in addition to ethnicity): ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

**Part 6. OTHER BENEFITS: Medicaid & Health Insurance:** Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals. ☐NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

**Part 6b. OTHERS:** Your permission is required for the school to use this information for other benefits. **YES**, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose(s) only.
☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

**Part 7. SIGNATURE & SOCIAL SECURITY NUMBER:** An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved (Before signing, read the privacy and civil rights statements on the back of this application). 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 state and federal laws.

**XXX-XX-**☐☐☐☐ ☐ **I Do Not Have A Social Security Number** SIGN HERE

**Last four digits of Social Security Number of Adult Signing Application** **Signature of Adult Household Member** **Date**

**Mailing Address:** **Home Phone:**
**City:** **Zip Code:** **Work Phone:**

**DO NOT WRITE BELOW LINE - SCHOOL USE ONLY**
**Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12**

**TOTAL INCOME/HOW OFTEN: $**_____/____ **HOUSEHOLD SIZE** _____ ☐ SNAP ☐TANF ☐Foster Child
☐Approved Free ☐Approved Reduced ☐Other: _____
☐Denied Reason: ☐Income Too High ☐Incomplete Application **Date Approval/Denial Notice Sent To Household:** _____ **Signature of Approving Official:**_____
**Transferred/Withdrawn Date**: **Transferred To:**
**VERIFICATION SUMMARY:** Date Selected: Date of Confirmation Review: Reviewer's Initials: Confirmation Result:
Date Response Due: Date of 2nd Notice: Date Verification Results Notice Sent:
Verification Results: ☐No Change ☐Free to Reduced ☐Free to Paid ☐Reduced to Free ☐Reduced to Paid
Reason for Change: ☐Income ☐Household Size ☐Refused to Cooperate ☐SNAP/TANF Eligibility
Date: Verifying Official's Signature:

## INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, **complete one application for ALL children in the household who are in schoo**l using the following instructions. Sign the application and return to (insert address) _____. Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS. A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.**

**IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:**

**Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.**
**Part 2: List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.**
**Parts 3 & 4: Skip these parts.**
**Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.**
**Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.**

**IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

**Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.**
**Part 2: Skip this part.**
**Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.**
**Part 4: Complete this part. See instructions for All Other Households, Part 4, below.**
**Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.**
**Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).**

**IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:**

**If all children in the household are foster children:**
**Part 1: List all foster children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child.**
**Parts 2, 3 & 4: Skip these parts.**
**Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.**
**Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.**
**If one or more children in the household are foster children and other children in the household are not foster children:**
**Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.**
**Part 2: If the household does not have a SNAP or TANF case number, skip this part.**
**Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.**
**Part 4: Follow these instructions to report total household income from this month or last month.**

- **Columns 1–3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

**Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.**
**Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).**

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child in the household who is in school.**
**Part 2: If the household does not have a SNAP or TANF case number, skip this part.**
**Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.**
**Part 4: Follow these instructions to report total household income from this month or last month.**

- **Columns 1–3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

**Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.**
**Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).**

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 are 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.

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