

**SY 2023 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS**

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related.

**STEP 1: STUDENT INFORMATION:** List all students that live in the household

_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		

**STEP 2: ASSISTANCE PROGRAMS:** Do any members of the household (including you) currently participate in SNAP, TANF or FDPIR assistance? If NO, go to STEP3. If YES, write the case number and name of the person receiving these benefits. Do not complete STEP 3. Name: \_\_\_\_\_

\_\_\_\_\_  
**SNAP or TANF Number**      **Letter**

**STEP 3: HOUSEHOLD INCOME:** List all Household Members including yourself & students listed above and gross income for each person listed.

Names	Gross Income (before deductions)														
	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
Household Member (include students listed above)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL HOUSEHOLD SIZE:</b>															

**STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (required)**

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.

Signature of Adult: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**\* FOR SCHOOL USE ONLY \***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Categorically eligible free: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification - Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 5: Optional CHILDREN'S ETHNIC and RACIAL IDENTITIES** You are **not required** to answer this question.

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian  
 White  
 Black or African American  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Other

**NOTIFICATION OF ELIGIBILITY**

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

- Approved for applicable programs listed below (check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> Free Lunches             | <input type="checkbox"/> Reduced price lunches at \$ _____ per meal              |
| <input type="checkbox"/> Free Breakfasts          | <input type="checkbox"/> Reduced price breakfast at \$ _____ per meal            |
| <input type="checkbox"/> Free After School Snacks | <input type="checkbox"/> Reduced price After School Snacks at \$ _____ per snack |
- Denied because:
- |   |  |
|---|--|
| <input type="checkbox"/> Household income is over the amount allowable. | <input type="checkbox"/> The application is missing _____. |
|---|--|
- Other \_\_\_\_\_.

You may appeal this decision by contacting the Hearing Official, Gary Dugal at 207-238-4001 or [gdugal@gwh.org](mailto:gdugal@gwh.org).

Sincerely,

*Katrina Guptill*

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- (1) **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) **fax:**  
(833) 256-1665 or (202) 690-7442; or
- (3) **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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(Federal Statement Revised 5/2022)