

Application #

School District: Bernards Township

FISCAL YEAR 2026

## FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

## Part 1. Children in School (Include foster children)

Names of all children enrolled (First, Middle Initial, Last)	School Name	Grade or ID Number	Check if a foster child

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator.

Homeless

Migrant

Runaway

Part 3. Total Household Gross Income—You must tell us how much and how often for each person; CHECK ☐ NO INCOME

1. Name (List everyone in household – include students listed above)	2. List gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Retirement, Social Security, SSI, VA	All Other Income	
1					
2					
3					
4					
5					
6					
7					
8					
9					

## Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. The adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

*I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last 4 Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_ I do not have a Social Security Number ☐

Don't fill out this part. This is for school use only.

Error Prone

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: \_\_\_\_\_ Per: \_\_\_\_\_ Week, \_\_\_\_\_ Every 2 Weeks, \_\_\_\_\_ Twice A Month, \_\_\_\_\_ Month, \_\_\_\_\_ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

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

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Verifying Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_