

Application #

School District: Bernards Township

FISCAL YEAR 2027

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 IF 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.

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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Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____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: _____