



## 2016-2017 Free and Reduced Meal Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please indicate if any of the children listed are: **FOSTER** **HOMELESS**

Students in Household: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Number of people in household \_\_\_\_\_

**Please list Gross Income, include earnings from work before deductions, welfare, child support, alimony, pensions, retirement, social security, SSI, VA benefits. unemployment and any other income received on a frequent or annual basis. Please complete one of the following:**

Weekly\_\_\_\_\_; Bi Weekly\_\_\_\_\_; Monthly\_\_\_\_\_; Annually\_\_\_\_\_

If **any** member of your household receiveds **FoodShare, FDPIR, or W-2 Cash Benefits**, please provid the name(s) of the member(s), the program(s) and the case number for the person(s) who receive benefits.

**NAME** \_\_\_\_\_  
**CASE NUMBER** \_\_\_\_\_  
**PROGRAM** \_\_\_\_\_

Sign here:

Print Name:

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

**For Office Use** \_\_\_\_\_Free \_\_\_\_\_Reduced\_\_\_\_\_Denied \_\_\_\_\_ Date\_\_\_\_\_