



2017-2018 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.

Annually _____

If **any** member of your household receives **FoodShare, FDPIR, or W-2 Cash Benefits**, please provide 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: _____