

To fill out free/reduced application electronically open the PDF application and click on the old-fashioned calligraphy pen icon



19-20 Application for Free and Reduced Price School Meals - Adobe Acrobat Reader DC

File Edit View Sign Window Help

Home Tools 19-20 Application f... x

1 / 2

Sign In

2020-2021 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

**DEFINITION OF Household Member:** "Anyone who is living with you and whose income and expenses, even if not related..."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. (See How to Apply for Free and Reduced Price School Meals for more information.)

Child's First Name	MI	Child's Last Name	School & District	Grade	Student? Yes No	Foster Care? Yes No	Migrant/Runaway?
					<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"/>

**STEP 2** Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDIPIR

**IF NO CASE NUMBER** > Go to STEP 3. **IF CASE NUMBER** > Write one case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: \_\_\_\_\_

**STEP 3** Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: \$ \_\_\_\_\_ How often? Weekly  Biweekly  In Month  In Year

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whose source you control only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

File the page and review the charts listed "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Personal Retirement/All Other Income	How often?			
		Weekly	Biweekly	In Month	In Year		Weekly	Biweekly	In Month	In Year		Weekly	Biweekly	In Month	In Year
	\$ _____	<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"/>

Total Household Members (Children and Adults): \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage-Earner or Other Adult Household Member: X X X X X X X X

Check if No SSN:

**STEP 4** Contact information and adult signatures (all applications MUST be SIGNED by an adult member of the household)

PROVIDE COMPLETED FORM TO THE SCHOOL

To verify (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.

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult signing the form Signature of adult Today's date

12:16 PM 8/14/2020

Then, double click on the space to enter text. Repeat for every space that needs to be filled in. Be sure to list every child in the household, even if they do not attend Forge. Put an X in spaces that are yes/no or other like-type spaces. Do the best to fit in responses to the spaces, but it is understood if they do not fit in perfectly, as long as it is clear what the response is.

**2020-2021 Application for Free and Reduced Price School Meals**  
 Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

**STEP 1 List All Children** (List all children in the household, including those who are not attending school, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper))

Child's First Name	MI	Child's Last Name	School & District	Grade	Student?	Free or Reduced Price?	Income Report?
Type text here							

**STEP 2 Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFL or FDFPR**

IF NO CASE NUMBER - Go to STEP 3. IF CASE NUMBER - Write one case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: \_\_\_\_\_

**STEP 3 Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)**

**A. Child Income** (Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.)

**B. All Adult Household Members (including yourself)** (List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.)

Name of Adult Household Member (First and Last)	Earnings from Work	Dividend			Public Assistance/Child Support/Money	Rental			Personal Services/Other Income
		None	Some	None		None	Some	None	

Total Household Members (Children and Adults): \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary/Single Parent or Other Adult Household Member: [X][X][X][X] Check if no SSN:

**STEP 4 Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household) PROVIDE COMPLETED FORM TO THE SCHOOL.**

Printed name of adult signing the form: \_\_\_\_\_  
 Signature of adult: \_\_\_\_\_  
 Today's date: \_\_\_\_\_

If you have a case number, fill that in and skip to Step 4. If you do not have a case number, then complete Step 3 listing all adults and information. If you are filling out Step 3 please be sure to fill in the last 4 digits of your Social Security Number.

19-20 Application for Free and Reduced Price School Meals - Adobe Acrobat Reader DC

File Edit View Sign Window Help

Home Tools 19-20 Application f... x

Fill & Sign

2020-2021 Application for Free and Reduced Price School Meals  
Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

\*\*\*If you received notification this school year that your children are approved for free meals - do NOT complete this form.

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School & District	Grade	Student? Yes No	Former Child? Yes No	Household Member? Yes No

**STEP 2** Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDIPIR

**IF NO CASE NUMBER** - Go to STEP 3. **IF CASE NUMBER** - Write one case number here, then go to STEP 4 (Do not complete STEP 3) Case Number: \_\_\_\_\_

**STEP 3** Report GROSS income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.  
Child's name: \_\_\_\_\_ Total income: \$ \_\_\_\_\_

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Wages from Work	Dividend Income	Public Assistance	Retirement/IRA	Other Income

Total Household Members (Children and Adults): \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: [X][X][X][X]

**STEP 4** Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household) PROVIDE COMPLETED FORM TO THE SCHOOL

Street Address (if available): \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone and Email (optional): \_\_\_\_\_

Printed name of adult signing the form: \_\_\_\_\_ Signatures of adult: \_\_\_\_\_ Today's date: \_\_\_\_\_

19-20 Application for Free and Reduced Price School Meals - Adobe Acrobat Reader DC

File Edit View Sign Window Help

Home Tools 19-20 Application f... x

Fill & Sign

Case number

Last 4 digits of SS number

Type here to search

12:22 PM 8/14/2020

Instead of double clicking on the space using the text option on the calligraphy pen, click on the add signature option to free form your signature for the application. It will be recognized that this is your authorized electronic signature.

19-20 Application for Free and Reduced Price School Meals - Adobe Acrobat Reader DC

File Edit View Sign Window Help

Home Tools 19-20 Application f... x

Fill & Sign

2020-2021 Application for Free and Reduced Price School Meals  
Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

\*\*\*If you received notification this school year that your children are approved for free meals - do NOT complete this form.

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School & District	Grade	Student? Yes No	Former Child? Yes No	Household Member? Yes No

**STEP 2** Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDIPIR

**IF NO CASE NUMBER** - Go to STEP 3. **IF CASE NUMBER** - Write one case number here, then go to STEP 4 (Do not complete STEP 3) Case Number: \_\_\_\_\_

**STEP 3** Report GROSS income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.  
Child's name: \_\_\_\_\_ Total income: \$ \_\_\_\_\_

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Wages from Work	Dividend Income	Public Assistance	Retirement/IRA	Other Income

Total Household Members (Children and Adults): \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: [X][X][X][X]

**STEP 4** Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household) PROVIDE COMPLETED FORM TO THE SCHOOL

Street Address (if available): \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone and Email (optional): \_\_\_\_\_

Printed name of adult signing the form: \_\_\_\_\_ Signatures of adult: \_\_\_\_\_ Today's date: \_\_\_\_\_

Add Signature

Add Initials

19-20 Application for Free and Reduced Price School Meals - Adobe Acrobat Reader DC

File Edit View Sign Window Help

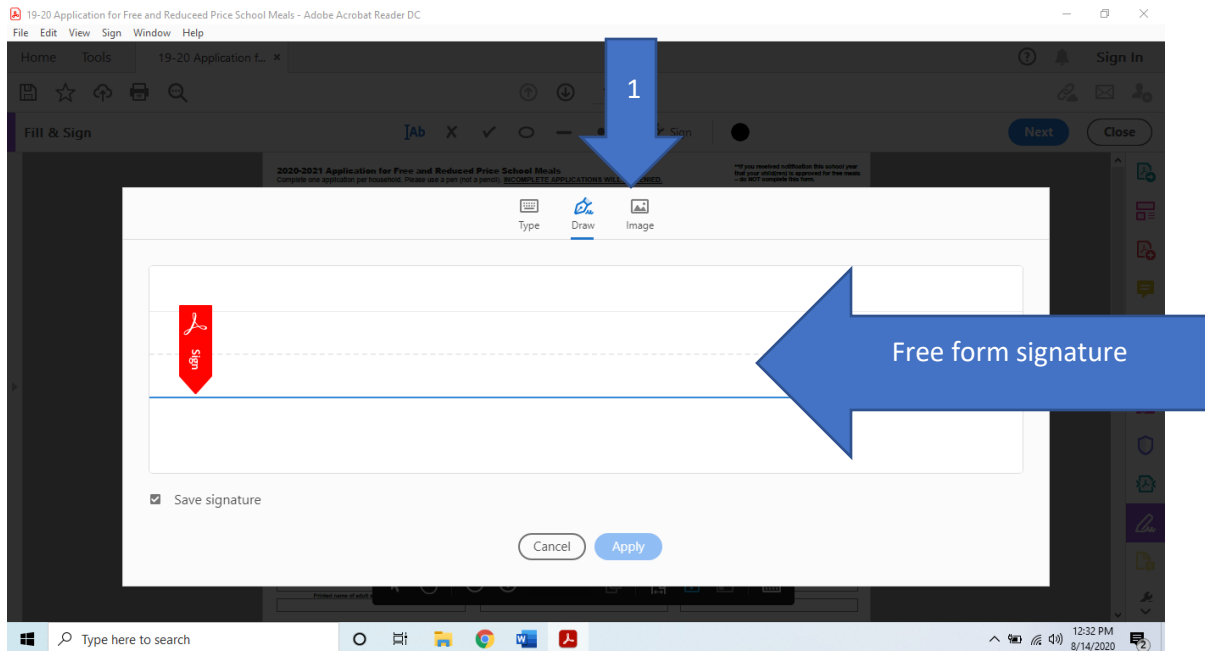
Home Tools 19-20 Application f... x

Fill & Sign

Next Close

Type here to search

12:29 PM 8/14/2020



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.