2026 - 2027 Household Application for Free and Reduced Price Meals and the Special Milk Program

Complete one application per household. Please use a pen (not a pencil).

Apply online at **https://www.schoolcafe.com**

STEP 1 — All Children in the Household

Student ID	Last Name	First Name	MI	Date of Birth	School	Grade	Foster	Homeless	Migrant	Runaway	Head Start

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? **Circle one**: Yes / No

If you answered NO > Complete **STEP 3**. **If you answered YES** > Write a nine-digit case number, then skip to **STEP 4**.

Case Number:

STEP 3 — All Household Member Income (even if they do not receive income) (Skip this step if you answered 'Yes' in **STEP 2**)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

Gross income and how often it is received:
W = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly, **A** = Annually

A. 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? A	W	E	T	M
	A	W	E	T	M

B. List all household members not listed in **STEP 1** (including yourself) **even if they do not receive income**. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult Household Member Name (First and Last)	Annual Income	Earnings from Work	How Often? A	W	E	T	M	Public Assistance / Child Support / Alimony	How Often? A	W	E	T	M	Pensions / Retirement / All Other Income	How Often? A	W	E	T	M
			A	W	E	T	M		A	W	E	T	M		A	W	E	T	M
			A	W	E	T	M		A	W	E	T	M		A	W	E	T	M
			A	W	E	T	M		A	W	E	T	M		A	W	E	T	M
			A	W	E	T	M		A	W	E	T	M		A	W	E	T	M

Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member or an Indication that no Adult Household Member has an SSN *** -** -

Check if no SSN

STEP 4 — Contact Information and Adult Signature

I certify (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.

Printed name of adult completing the form

Signature of adult completing the form X

Today's Date M M D D Y Y

Street Address (if available)

City

State P A

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White

6004