

See [SUZgeWfe](#) Household Application for Free and Reduced Price School Meals

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

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

EK \$" \$4Z" \$5

STEP 1

List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your houseZa^Vz

Child's First Name

MI Child's LaD 53 BDC 1 1 1 scn10 0 0 10 2La11B3Nmsstudents Th2s LaD 53 BDC 1 1 1 scn10 0 0 10 2La11B3Nms/G1/P AMCID 24s31(L1 33.924T#53J deductions) 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 field

Name of Adult Household Members (First and Last)

How often received?

Public Assistance,
Child Support,
Alimony

How often received?

Pensions, Retirement,
Social Security, SSI,
VA Benefits, All Other

How often received?



SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application. [222](#)

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