

## 2026-2027 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

| <b>Part 1. ALL HOUSEHOLD MEMBERS</b>                                   |                                                                                                                           |  |                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |                                 |  |  |  |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|
| Names of <u>all</u> household members<br>(First, Middle Initial, Last) | Name of school and grade<br>level for each child/or<br>indicate "NA" if child is not<br>in school.<br><br>School<br>Grade |  | Check if a foster child (legal responsibility of welfare<br>agency or court). *If all children listed below are<br>foster children, skip to Part 5 to sign this form. |  |  |  |  |  |  |  |  |  | Check<br>if<br><br>No<br>Income |  |  |  |
|                                                                        |                                                                                                                           |  | <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"/>        |  |  |  |

**Part 2. BENEFITS:** If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact Mehreen Suhail at [info@sunriseacademy.net](mailto:info@sunriseacademy.net) or call 614-527-0465.

Homeless ☐ Migrant ☐ Runaway ☐

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it.

Check the box for how often it is received. Record each income only once.

| 1. NAME<br>(List all household members with income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED |                                     |                          |                          |                          |                                           |                          |                                     |                          |                          |                                        |                          |                          |                          |                          |  |
|-----------------------------------------------------|-----------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|                                                     | Earnings from work before deductions          | Weekly                              | Every 2 Weeks            | Twice Monthly            | Monthly                  | Public Assistance, Child Support, Alimony | Weekly                   | Every 2 Weeks                       | Twice Monthly            | Monthly                  | Pensions, retirement, All other Income | Weekly                   | Every 2 Weeks            | Twice Monthly            | Monthly                  |  |
| <i>(Example)</i><br><b>Jane Smith</b>               | \$200                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$150                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0                                    | <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"/> | \$                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_ \_  
☐ I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities.** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:

- ☐ Hispanic/Latino  
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- ☐ Asian      ☐ American Indian or Alaska Native      ☐ Black or African American  
☐ White      ☐ Native Hawaiian or other Pacific Islander

**Do not complete this section. Intended for school use only**

Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.

Total Income: \_\_\_\_\_ Per ☐ Week ☐ Every 2 Weeks ☐ Twice per Month ☐ Monthly ☐ Yearly

Household Size \_\_\_\_\_ Categorical Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason Denied: \_\_\_\_\_

Determining/Approval Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Verification Selection, Date Notice Sent \_\_\_\_\_ Response Date \_\_\_\_\_ 2<sup>nd</sup> Notice \_\_\_\_\_ Results Sent \_\_\_\_\_