2026-27 Application for Free or Reduced-Price Meals

Scan here to apply online:

Complete one application per household for all children. Please use a pen (not a pencil). **Mail or return completed form to: (*School/District Information*)** Roosevelt Public School

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: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply. Foster Child	Migrant	Homeless or Runaway
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit https://applyforhelp.nd.gov or call 1-866-614-6005.

STEP 2: **Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Medical assistance does not qualify through an application.**
If NO > Go to STEP 3. **If YES** >Enter SNAP, TANF, or FDPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3.)

STEP 3: **Report Income for ALL Household Members** (Skip this step if you answered 'Yes' to STEP 2)

A. **All Adult Household Members (including yourself).** For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the All Adult Household Members section and B. Child Income section. College students living away at school can still be counted as household members..

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Report income **before deductions or taxes** in whole dollars (no cents).	Monthly	Yearly	**Net income** from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

B. **Child Income.**
Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
$	☐	☐	☐	☐

STEP 4: **An Adult household member must sign the application. If Part 3 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.**

A. **Last Four Digits of Social Security Number (SSN) of Adult Household Member:** XXX-XX-☐☐☐☐ Or ☐ √ I do not have a Social Security Number

Total Number of All Household Members (Children + Adults) Here: ☐

B. **Attestation & 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."

X _____ _____

SIGNATURE of Adult Completing Application (*Form must be signed to be complete.*) **DATE**

_____

Print Name **Daytime Phone**

_____

Address (if available) **Apt#** **City** **Zip**

SCHOOL OFFICE USE ONLY ☐ **Error Prone Application**

☐**Case # Application** ☐**Foster Application** ☐**Directly Certified:** ***Date of Disregard***: _____
☐**Income Application** ☐**Homeless/Migrant/Runaway**
Household Size: _____
Total Income: $_____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Wks.) ☐ 2x Month ☐ Monthly ☐ Annual
Eligibility: Federal Free (130%) ___ Reduced (185%) ___ State 200 ___ Denied ___
Determining Official's Signature: _____ **Date:** _____
Reason for Denial ☐**Income Too High** ☐**Incomplete App**

☐ **Selected For Verification:** *Confirming Official's Signature*: _____ Date: _____
Verifying Official's Signature: _____ Date: _____

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.