

## Food Service

Applications

### Current Account Balance

Family: \$0.00  
Lunch Type: HES FREE

### Today's Lunch Menu

### Lunch Calendar

No lunch menu details are available for the current date.

### Food Service Messages/Links

#### (Bonner Springs Elementary)

Due to a change in Kansas this year, the lunch application is being used again. This will require that everyone who qualifies, reapply using the lunch application. This form is accessed in the Skyward enrollment process.

Click Add Application

**Food Service Applications**

[Pending Application](#) [Add Application](#) | [Print Application](#)

No pending application was found.

Gideon (101)

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Tue Sep 7, 2021	Tue Sep 7, 2021	3	NORMAL	Yes	Yes	22HES873

Read the entire letter, you will need to scroll down to review the income guidelines

**Application for Free and Reduced Price School Meals** [Next Step](#) [Print](#) [Back](#)

**Letter to Household**

Dear Parent/Guardian:

Children need healthy meals to learn. USD 204 Bonner Springs/Edwardsville Schools offers healthy meals every school day. Breakfast costs \$0.00; lunch costs \$2.65 Elementary, \$2.85 Middle School/High School. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$0.00 for breakfast and \$0.40 for lunch. An application for free or reduced price meal benefits and a set of detailed instructions is included with this letter or available online at <https://www.usd204.net>. Contact Tina Trafton, 913-667-8158, [traftont@usd204.net](mailto:traftont@usd204.net) with questions or to request an application be sent. Below are some common questions and answers to help you with the application process.

**1. WHO CAN GET FREE OR REDUCED PRICE MEALS?**

- All children in households receiving benefits from **[State FA]**, **[the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TAF]**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Your children may qualify for reduced price or free meals if your household income falls within the limits on this chart.

**FEDERAL ELIGIBILITY INCOME CHART**

For School Year 2022-23

Household Size	Yearly	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988

Click the Next Step in the upper right hand corner and then click I have read the instructions for applying and would like to continue the application.

Steps

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Letter to Household

➔ Instructions for Applying

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Non-discrimination Statement

Income from Self-Employment

Application

- Step 1: Child Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Signature
- Optional: Racial and Ethnic Identities

Sharing Information

- Consent for Disclosure

Review and Submit

Instructions for Applying

Please select the option below after reviewing all information. Questions can be directed to contact information supplied in the Letter to Parents.

☒ I have read the Instructions for Applying and would like to continue the application

For translated materials, go to [www.kn-eat.org](http://www.kn-eat.org), School Nutrition Programs, Administration, Foreign Language Translation.

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit **one** application per household, even if your children attend more than one school in USD 204 Bonner Springs/Edwardsville Schools. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Tina Trafton, Food Service, 2200 S. 138th St., PO Box 435, Bonner Springs, KS 66012, 913-667-8158, [traftont@usd204.net](mailto:traftont@usd204.net).

By clicking 'Next Step' on the electronic version, the applicant agrees to conduct this transaction by electronic means in accordance with the Kansas Uniform Electronic Transaction Act K.S.A. 16-1601 et. Seq.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE PAPER APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending USD 204 Bonner Springs/Edwardsville Schools, regardless of age.

A) List each child's name.

For each child, print his/her first name, middle initial and last name. Use one line of the application for each child. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for

Scroll down to read the entire page.

Click Next Step in the upper right hand corner

Review the income chart on this page. If you do not qualify for Free and Reduced meals, click the box at the Top. I do not qualify for benefits or do not wish to complete an application.

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- Step 1: Child Names
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- Step 3: Gross Income
- Step 4: Signature
- Optional: Racial and Ethnic Identities

Sharing Information

- Consent for Disclosure

Review and Submit

Your children may qualify for reduced price or free meals if your household income falls within the limits on this chart. If you do not qualify for benefits or do not wish to complete an application, check the option below.

☐ I do not qualify for benefits or do not wish to complete an application

FEDERAL ELIGIBILITY INCOME CHART

For School Year 2022-23

Household Size	Yearly	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each Additional Person:	8,732	728	168

If you click the box at the top this box will appear

Monthly Weekly

## Application Helper



By checking this option, the current application will be **deleted** and any sections that were completed **will be removed**.

Are you sure you want to continue?

Yes - Delete Current Application

Cancel

7,189

1,659

728

168

Click Yes Delete Current Application

If you do not check the box, click Next this screen will appear

### Application for Free and Reduced Price School Meals

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Letter to Household Instructions for Applying Federal Income Chart ➔ Use of Information Statement Non-discrimination Statement Income from Self-Employment <b>Application</b> <ul style="list-style-type: none"><li>• <b>Step 1:</b> Child Names</li><li>• <b>Step 2:</b> Benefits</li><li>• <b>Step 3:</b> Gross Income</li><li>• <b>Step 4:</b> Signature</li><li>• <b>Optional:</b> Racial and Ethnic Identities</li></ul> <b>Sharing Information</b> <ul style="list-style-type: none"><li>• Consent for Disclosure</li></ul> Review and Submit	<b>Use of Information Statement: This explains how we will use the information you give us.</b>  The <b>Richard B. Russell National School Lunch Act</b> requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA) Temporary Assistance for Families (TAF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules

Read this page and click Next Step at the top right

Read this page and click Next Step

Application for Free and Reduced Price School Meals

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Letter to Household Instructions for Applying Federal Income Chart Use of Information Statement ➔ Non-discrimination Statement Income from Self-Employment <b>Application</b> <ul style="list-style-type: none"><li>Step 1: Child Names</li><li>Step 2: Benefits</li><li>Step 3: Gross Income</li><li>Step 4: Signature</li><li>Optional: Racial and Ethnic Identities</li></ul> <b>Sharing Information</b> <ul style="list-style-type: none"><li>Consent for Disclosure</li></ul> Review and Submit	<b>Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.</b> <p>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.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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.</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint">https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint</a>, 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:</p> <p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p> <p>(2) fax: (202) 690-7442; or</p> <p>(3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</p> <p>This institution is an equal opportunity provider.</p> <p>The above address is for discrimination complaint purposes only. Return this complete application to your school, not USDA.</p>

If you are self employed you will fill out this page, if not, click Next Step

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Steps	Application for Free and Reduced Price School Meals <div>PreviousNext StepPrintBack</div>																					
Letter to Household Instructions for Applying Federal Income Chart Use of Information Statement Non-discrimination Statement ➔ Income from Self-Employment <b>Application</b> <ul style="list-style-type: none"><li>Step 1: Child Names</li><li>Step 2: Benefits</li><li>Step 3: Gross Income</li><li>Step 4: Signature</li><li>Optional: Racial and Ethnic Identities</li></ul> <b>Sharing Information</b> <ul style="list-style-type: none"><li>Consent for Disclosure</li></ul> Review and Submit	<b>Income from Self-Employment</b> <p>Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment.</p> <p>For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040, Schedule 1. Add together the amounts reported on the following lines:</p> <table><tr><td>Schedule 1, Line 3</td><td>0.00</td><td>Business Income or (Loss)</td></tr><tr><td>1040, Line 6</td><td>\$0.00</td><td>Capital Gain or (Loss)</td></tr><tr><td>Schedule 1, Line 4</td><td>\$0.00</td><td>Other Gains or (Losses)</td></tr><tr><td>Schedule 1, Line 5</td><td>\$0.00</td><td>Rental real estate, royalties, partnerships, S corporations, trusts, etc.</td></tr><tr><td>Schedule 1, Line 6</td><td>\$0.00</td><td>Farm Income or (Loss)</td></tr><tr><td>TOTAL</td><td>\$0.00</td><td>Gross Annual Income Before Any Deductions</td></tr><tr><td>Computed Monthly Income</td><td>\$0</td><td>Gross Annual Income / 12 = Computed Monthly Income. Report in Step 3</td></tr></table>	Schedule 1, Line 3	0.00	Business Income or (Loss)	1040, Line 6	\$0.00	Capital Gain or (Loss)	Schedule 1, Line 4	\$0.00	Other Gains or (Losses)	Schedule 1, Line 5	\$0.00	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	Schedule 1, Line 6	\$0.00	Farm Income or (Loss)	TOTAL	\$0.00	Gross Annual Income Before Any Deductions	Computed Monthly Income	\$0	Gross Annual Income / 12 = Computed Monthly Income. Report in Step 3
Schedule 1, Line 3	0.00	Business Income or (Loss)																				
1040, Line 6	\$0.00	Capital Gain or (Loss)																				
Schedule 1, Line 4	\$0.00	Other Gains or (Losses)																				
Schedule 1, Line 5	\$0.00	Rental real estate, royalties, partnerships, S corporations, trusts, etc.																				
Schedule 1, Line 6	\$0.00	Farm Income or (Loss)																				
TOTAL	\$0.00	Gross Annual Income Before Any Deductions																				
Computed Monthly Income	\$0	Gross Annual Income / 12 = Computed Monthly Income. Report in Step 3																				

This the page that you will enter the full names and school attended. If the child is not school age, leave the school field blank. Check the student box if they are school age. If you click Foster Child, you must have a case number.

You must enter all the names of all the people, adults and children, who live in your house.

Application for Free and Reduced Price School Meals

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- Step 4: Signature
- Optional: Racial and Ethnic Identities

Sharing Information

- Consent for Disclosure

Review and Submit

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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.

☐ Add More Names to Application

Definition of **Household Member**: Anyone who is living with you and shares 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. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name, Middle Initial, Last Name	Child's School	Student?	Check all that apply	
			Foster Child	Homeless, Migrant, Runaway
(Example) Student A. Smith	School Name	✓	<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"/>

Click Next Step and the application helper MAY pop up to tell you what needs to be done next

Application Helper

Based on the household information provided, the next required section is **Step 4: Signature**. Please select an option below to continue the application.

Application Section:

☒ Step 4: Signature

☐ Step 2: Benefits (Selected Step)

☐ Check to Hide Required Section Helper for this Session

OK

Cancel

On Step 3, you will enter your income, with no decimals!

After reviewing, click OK

Application for Free and Reduced Price School Meals	
<b>Steps</b>	<div>Application for Free and Reduced Price School Meals<div>PreviousNext StepPrintBack</div></div>
Letter to Household	<b>Step 4</b> - Contact Information and Adult Signature
Instructions for Applying	
Federal Income Chart	
Use of Information Statement	
Non-discrimination Statement	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.
Income from Self-Employment	
<b>Application</b>	
• <b>Step 1:</b>	Street Address (if available): <input type="text"/> Daytime Phone: <input type="text"/> <input type="text"/> Ext: <input type="text"/>
• Child Names	City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>
• <b>Step 2:</b>	
• Benefits	* Printed name of adult completing the form: <input type="text"/> * Signature of adult completing the form: <input type="text"/> <a href="#">Click to Sign</a>
• <b>Step 3:</b>	Today's Date: <input type="text"/> Email (optional): <input type="text"/>
Gross Income	
➡ <b>Step 4:</b>	
• Signature	
• <b>Optional:</b>	
Racial and Ethnic Identities	
<b>Sharing Information</b>	
• Consent for Disclosure	
Review and Submit	

Complete the information on this screen When you click to Sign, this screen will pop up

Click I Agree at the Bottom

## Electronic Signature Agreement

"by clicking "I Agree," the applicant agrees to conduct this transaction by electronic means in accordance with the Kansas Uniform Electronic Transactions Act K.S.A. 16-1601 et. seq."

I Agree

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Then Click Next Step

If you would like to provide this information, click the I would like to report this optional information, check the box and complete the information, if not, click Next Step



Application for Free and Reduced Price School Meals	
Steps	Application for Free and Reduced Price School Meals <div>PreviousNext StepPrintBack</div>
Letter to Household	<b>Optional</b> - Children's Racial and Ethnic 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.
Instructions for Applying	
Federal Income Chart	
Use of Information Statement	
Non-discrimination Statement	<input type="checkbox"/> I would like to report this optional information
Income from Self-Employment	
<b>Application</b> <ul style="list-style-type: none"><li>• <b>Step 1:</b> Child Names</li><li>• <b>Step 2:</b> Benefits</li><li>• <b>Step 3:</b> Gross Income</li><li>• <b>Step 4:</b> Signature</li><li>➔ <b>Optional:</b> Racial and Ethnic Identities</li></ul>	<b>Ethnicity (check one):</b> <input checked="" type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino
<b>Sharing Information</b> <ul style="list-style-type: none"><li>• Consent for Disclosure</li></ul>	<b>Race (check one or more):</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Review and Submit	

Click Next Step

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Instructions for Applying																									
Federal Income Chart																									
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Non-discrimination Statement																									
Income from Self-Employment																									
<b>Application</b> <ul style="list-style-type: none"><li>• <b>Step 1:</b> Child Names</li><li>• <b>Step 2:</b> Benefits</li><li>• <b>Step 3:</b> Gross Income</li><li>• <b>Step 4:</b> Signature</li><li>• <b>Optional:</b> Racial and Ethnic Identities</li></ul>	<p>Dear Parent/Guardian:</p> <p><b>You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.</b></p> <p>To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.</p> <p><input type="checkbox"/> <b>Yes, I DO</b> want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.</p> <div><div><b>Name of program specific to your school</b></div><div><input type="checkbox"/> ACT testing <input type="checkbox"/> Class Fees <input type="checkbox"/> Technology fees</div><div>Select All Unselect All</div></div> <p>If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.</p> <table><tr><td>Child's Name:</td><td><input type="text"/></td><td>School:</td><td><input type="text"/></td></tr><tr><td>Child's Name:</td><td><input type="text"/></td><td>School:</td><td><input type="text"/></td></tr><tr><td>Child's Name:</td><td><input type="text"/></td><td>School:</td><td><input type="text"/></td></tr><tr><td>Child's Name:</td><td><input type="text"/></td><td>School:</td><td><input type="text"/></td></tr><tr><td>Child's Name:</td><td><input type="text"/></td><td>School:</td><td><input type="text"/></td></tr><tr><td>Child's Name:</td><td><input type="text"/></td><td>School:</td><td><input type="text"/></td></tr></table> <p>Signature of Parent/Guardian: <input type="text"/> <a href="#">Click to Sign</a>      Date: <input type="text"/></p>	Child's Name:	<input type="text"/>	School:	<input type="text"/>	Child's Name:	<input type="text"/>	School:	<input type="text"/>	Child's Name:	<input type="text"/>	School:	<input type="text"/>	Child's Name:	<input type="text"/>	School:	<input type="text"/>	Child's Name:	<input type="text"/>	School:	<input type="text"/>	Child's Name:	<input type="text"/>	School:	<input type="text"/>
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Child's Name:	<input type="text"/>	School:	<input type="text"/>																						
<b>Sharing Information</b> <ul style="list-style-type: none"><li>➔ Consent for Disclosure</li></ul>																									
Review and Submit																									

If you want the district to be able to consider waiving your school fees, you need to complete this page. Be sure to scroll to the bottom to complete everything and Click the Blue letters that say Click to Sign.



After you click to Sign, this box will pop up

## Electronic Signature Agreement

### Electronic Signature Agreement

"by clicking "I Agree," the applicant agrees to conduct this transaction by electronic means in accordance with the Kansas Uniform Electronic Transactions Act K.S.A. 16-1601 et. seq."

I Agree

Click I agree and then Next Step on the screen at the top right

You need to carefully review the information on this screen, scroll all the way down to review Everything!

## Application for Free and Reduced Price School Meals

### Steps

Letter to Household  
Instructions for Applying  
Federal Income Chart  
Use of Information Statement  
Non-discrimination Statement  
Income from Self-Employment

#### Application

- **Step 1:**  
Child Names
- **Step 2:**  
Benefits
- **Step 3:**  
Gross Income
- **Step 4:**  
Signature
- **Optional:**  
Racial and Ethnic Identities

#### Sharing Information

- Consent for Disclosure

➔ Review and Submit

### Application for Free and Reduced Price School Meals

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Please review the completed application and click the button to submit the application.

[Submit Application](#)

**NOTE:** The application has not yet been submitted. This application will not be considered until the **Submit Application** button is clicked.

**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 shares 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. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name, Middle Initial, Last Name	Child's School	Student?	Check all that apply	
			Foster Child	Homeless, Migrant, Runaway
vzdfvzfv		✓	✓	<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"/>

**Step 2** - Do any Household Members (including you) currently participate in one or more of the following assistance programs?

☐ Food Assistance, TAF, or FDPIR

If you didn't check the box: **Complete STEP 3.**

If you checked the box: **Write a case number here then go to Step 4 (Do not complete STEP 3)**

If you need to make corrections. Click Previous, to go to that screen. When everything is correct, click Submit button

After you click Submit, you cannot make ANY changes to your lunch application.

You will be notified by the district of your lunch status by email.