

Home Income Survey and Free Lunch Application

This form is used to determine eligibility for free or reduced-price school meals and additional educational funding. Please print this form, complete all sections using a blue or black pen, and return it to your child's school.

1. Household Member Information

List all household members, including children, school students, and adults. Note if any student is a foster, homeless, migrant, or runaway child.

Student 1

Last Name:

First Name:

School Name:

Grade Level:

Is this child a Foster, Homeless, Migrant, or Runaway? (Write Yes or No):

Student 2

Last Name:

First Name:

School Name:

Grade Level:

Is this child a Foster, Homeless, Migrant, or Runaway? (Write Yes or No):

2. Public Assistance Benefits

If any member of your household (including you) currently participates in SNAP, TANF, or FDPIR, write the agency program name and case number below.

Program Name (SNAP, TANF, or FDPIR):

Case Number:

3. Household Gross Income

Report the gross income (before taxes and deductions) for all household members. Do not leave this blank. If there is no income, write "0".

Name of Income Earner 1:

Gross Earnings from Work (Amount):

How Often Received (Weekly, Every 2 Weeks, Monthly, Annually):

Welfare, Child Support, Alimony, Pensions, or Retirement (Amount):

Name of Income Earner 2:

Gross Earnings from Work (Amount):

How Often Received (Weekly, Every 2 Weeks, Monthly, Annually):

Welfare, Child Support, Alimony, Pensions, or Retirement (Amount):

Total Number of Household Members (Children and Adults):

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner:

4. Contact Information and Adult Signature

An adult household member must sign and date the form. By signing, you certify that all information provided is true and correct.

Printed Name of Adult Completing Form:

Signature of Adult (Please sign by hand after printing):

Date Signed:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address: