

INCOME ELIGIBILITY GUIDELINES										
Effective from July 1, 2025 to June 30, 2027										
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS =		185% TWICE PER MONTH		FREE MEALS =		130% TWICE PER MONTH		
		ANNUAL	MONTHLY	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	EVERY TWO WEEKS	WEEKLY	
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES										
1	15,960	29,526	2,461	1,231	568	20,748	1,729	865	798	399
2	21,640	40,034	3,337	1,669	770	28,132	2,345	1,173	1,082	541
3	27,320	50,542	4,212	2,106	972	35,516	2,960	1,480	1,366	683
4	33,000	61,050	5,088	2,544	1,175	42,900	3,575	1,788	1,650	825
5	38,680	71,558	5,964	2,982	1,377	50,284	4,191	2,096	1,934	967
6	44,360	82,066	6,839	3,420	1,579	57,668	4,806	2,403	2,218	1,109
7	50,040	92,574	7,715	3,858	1,781	65,052	5,421	2,711	2,502	1,261
8	55,720	103,082	8,591	4,296	1,983	72,436	6,037	3,019	2,786	1,393
For each additional family member, add	5,640	10,508	876	438	203	7,384	616	308	284	142
ALASKA										
1	19,950	36,908	3,076	1,538	710	25,935	2,162	1,081	998	499
2	27,690	50,043	4,171	2,086	963	35,165	2,931	1,466	1,353	677
3	34,150	63,178	5,265	2,633	1,215	44,395	3,700	1,850	1,708	854
4	41,250	76,313	6,360	3,180	1,468	53,625	4,469	2,235	2,063	1,032
5	48,350	89,448	7,454	3,727	1,721	62,865	5,238	2,619	2,418	1,209
6	55,450	102,583	8,549	4,275	1,973	72,085	6,008	3,004	2,773	1,387
7	62,550	115,718	9,644	4,822	2,225	81,315	6,777	3,389	3,128	1,564
8	69,650	128,853	10,738	5,369	2,478	90,545	7,546	3,773	3,483	1,742
For each additional family member, add	7,100	13,135	1,095	548	253	9,230	770	385	355	178
HAWAII										
1	18,360	33,966	2,831	1,416	654	23,868	1,989	995	918	459
2	24,390	46,047	3,838	1,919	886	32,357	2,697	1,349	1,245	623
3	31,420	58,127	4,844	2,422	1,118	40,846	3,404	1,702	1,571	786
4	37,950	70,208	5,851	2,926	1,351	49,335	4,112	2,056	1,898	949
5	44,480	82,288	6,858	3,429	1,583	57,824	4,819	2,410	2,224	1,112
6	51,010	94,369	7,865	3,933	1,815	66,313	5,527	2,764	2,551	1,276
7	57,540	106,449	8,871	4,436	2,048	74,802	6,234	3,117	2,877	1,439
8	64,070	118,530	9,878	4,939	2,280	83,291	6,941	3,471	3,204	1,602
For each additional family member, add	6,530	12,061	1,007	504	233	8,469	708	354	327	164

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade level of each student, and a SNAP or TANF case number for any household member including adults receiving such benefits (Attach another sheet of paper if necessary.)

Parts 2 & 3: Skip these parts.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, provide the school and grade level of each student in the household. (Attach another sheet of paper if necessary.)

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Adult household member must sign the form. If you completed Part 3 of the application, you must include the last four digits of the adult's Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the name of each child's school. Check the "Foster Child" box for each foster child.

Parts 2 & 3: Skip these parts.

Part 4: Sign the form. The last four digits of a Social Security number are not necessary.

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

If some (but not all) of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of each child's school. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

• **Box 1 – Name:** List all household members with income.

• **Box 2 – Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list any payment received for Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the household from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members, provide the school and grade level of each student in the household. (Attach another sheet of paper if necessary.)

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

• **Box 1 – Name:** List all household members with income.

• **Box 2 – Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list any payment received for Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the household from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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 deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

In accordance with the federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at https://www.usda.gov/sites/default/files/documents/USDA_OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410; or 2) fax: (833) 256-1665 or (202) 690-7442, or 3) email program.intake@usda.gov.

APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT

Complete one application per household, per school district. Instructions on the back of this form.

SCHOOL USE ONLY☐ Check if Error Prone Application**1. All Household Members (Attach another sheet of paper if necessary)**

NAMES OF ALL HOUSEHOLD MEMBERS (Include school name and grade if household member is a student.)		SNAP OR TANF CASE NUMBER ONLY		Check if Foster Child?
First, Middle Initial, Last	School Name	Grade	Skip to part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.	
				☐
				☐
				☐
				☐
				☐
				☐

* A foster child is the legal responsibility of a welfare agency or court.

2. Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)
☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of your school Homeless Liaison, Migrant Coordinator, or Head Start Director

Date

3. Total Household Gross Income (before deductions). You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month, \$100/twice a month, \$100/every other week, \$100/week)							
	B. Earnings from Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. All Other Income (Worker's Comp., SSI, Unemployment, etc.)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult Must Sign)

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 box if they do not have a social security number.

X X X X - X X -

OR ☐ I do not have a social security number.

Social Security Number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____

5. Contact Information (optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, ZIP Code) _____

6. Children's Ethnic and Racial Identities (optional)

Mark one ethnic identity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:

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

- THIS SECTION IS FOR SCHOOL USE ONLY -**INITIAL DETERMINATION**

TOTAL INCOME Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ DATE _____

LEAS must annualize income ONLY when multiple incomes at varying frequencies are reported

Annual Income Conversion: Weekly \$ _____ x 52 = \$ _____ Every 2 Weeks \$ _____ x 26 = \$ _____ Twice a Month \$ _____ x 24 = \$ _____ Once a month \$ _____ x 12 = \$ _____

☐ Free based on:

- ☐ Homeless ☐ SNAP or TANF
☐ Migrant ☐ Foster Child
☐ Runaway ☐ Household's Income
☐ Head Start

☐ Reduced based on:

- ☐ Household's Income

☐ Denied - Reason

- ☐ Income too high
☐ Incomplete Application
☐ Non-Qualifying SNAP/TANF

Signature of Determining Official

Date Withdrawn: _____

Date: _____