

ST. FRANCES CABRINI CATHOLIC SCHOOL
2022-2023 Prototype Household Application for Free and Reduced Price School Meals
 Complete one application per household. Please use a pen (not a pencil).

Apply online (if applicable):

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	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

NO > Go to STEP 3 **If YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

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

Are you unsure what income to include here?

 Flip the page and review the charts titled "Sources of Income" for more information.

 The "Sources of Income for Children" chart will help you with the Child Income section.

 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income How often?

<input type="text"/>	Weekly	Bi-Weekly	2x Month	Monthly
\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) **Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member** **Check if no SSN**

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	<input type="text"/>	Signature of adult	<input type="text"/>	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Today's date

INSTRUCTIONS

Income Eligibility Guidelines July 1, 2022 to June 30, 2023

INCOME ELIGIBILITY GUIDELINES												
Effective from July 1, 2022 to June 30, 2023												
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %					
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES												
1	13,590	25,142	2,096	1,048	967	484	17,667	1,473	737	680	340	
2	18,310	33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458	
3	23,030	42,606	3,551	1,776	1,639	820	29,939	2,495	1,248	1,152	576	
4	27,750	51,338	4,279	2,140	1,975	988	36,075	3,007	1,504	1,388	694	
5	32,470	60,070	5,006	2,503	2,311	1,156	42,211	3,518	1,759	1,624	812	
6	37,190	68,802	5,734	2,867	2,647	1,324	48,347	4,029	2,015	1,860	930	
7	41,910	77,534	6,462	3,231	2,983	1,492	54,483	4,541	2,271	2,096	1,048	
8	46,630	86,266	7,189	3,595	3,318	1,659	60,619	5,052	2,526	2,332	1,166	
For each add'l family member, add	4,720	8,732	728	364	336	168	6,136	512	256	236	118	
ALASKA												
1	16,990	31,432	2,620	1,310	1,209	605	22,087	1,841	921	850	425	
2	22,890	42,347	3,529	1,765	1,629	815	29,757	2,480	1,240	1,145	573	
3	28,790	53,262	4,439	2,220	2,049	1,025	37,427	3,119	1,560	1,440	720	
4	34,690	64,177	5,349	2,675	2,469	1,235	45,097	3,759	1,880	1,735	868	
5	40,590	75,092	6,258	3,129	2,889	1,445	52,767	4,398	2,199	2,030	1,015	
6	46,490	86,007	7,168	3,584	3,308	1,654	60,437	5,037	2,519	2,325	1,163	
7	52,390	96,922	8,077	4,039	3,728	1,864	68,107	5,676	2,838	2,620	1,310	
8	58,290	107,837	8,987	4,494	4,148	2,074	75,777	6,315	3,158	2,915	1,458	
For each add'l family member, add	5,900	10,915	910	455	420	210	7,670	640	320	295	148	
HAWAII												
1	15,630	28,916	2,410	1,205	1,113	557	20,319	1,694	847	782	391	
2	21,060	38,961	3,247	1,624	1,499	750	27,378	2,282	1,141	1,053	527	
3	26,490	49,007	4,084	2,042	1,885	943	34,437	2,870	1,435	1,325	663	
4	31,920	59,052	4,921	2,461	2,272	1,136	41,496	3,458	1,729	1,596	798	
5	37,350	69,098	5,759	2,880	2,658	1,329	48,555	4,047	2,024	1,868	934	
6	42,780	79,143	6,596	3,298	3,044	1,522	55,614	4,635	2,318	2,139	1,070	
7	48,210	89,189	7,433	3,717	3,431	1,716	62,673	5,223	2,612	2,411	1,206	
8	53,640	99,234	8,270	4,135	3,817	1,909	69,732	5,811	2,906	2,682	1,341	
For each add'l family member, add	5,430	10,046	838	419	387	194	7,059	589	295	272	136	