

2024-2025 IHM FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school		Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 4 to sign this form.	Check if No Income
	School	Gr		
			<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"/>

Part 2. BENEFITS If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 4.**

NAME: _____ 7-DIGIT CASE NUMBER _____

Part 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly	
(Example) Jane Smith	\$200	x				\$150	x				\$0					

Part 4. SIGNATURE AND LAST FOUR DIGITS OF 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 "I do not have a Social Security Number" Box.**

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits.

Sign Here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of of your Social Security Number: _____ I do not have a Social Security Number

Part 5. Children's ethnic and racial 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.

Choose one ethnicity

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian
 White
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander

- Black or African American



Income Eligibility Guidelines

[Effective from July 1, 2024 to June 30, 2025]

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	15,060	27,861	2,322	1,161	1,072	536	19,578	1,632	816	753	377
2	20,440	37,814	3,152	1,576	1,455	728	26,572	2,215	1,108	1,022	511
3	25,820	47,767	3,981	1,991	1,838	919	33,566	2,798	1,399	1,291	646
4	31,200	57,720	4,810	2,405	2,220	1,110	40,560	3,380	1,690	1,560	780
5	36,580	67,673	5,640	2,820	2,603	1,302	47,554	3,963	1,982	1,829	915
6	41,960	77,626	6,469	3,235	2,986	1,493	54,548	4,546	2,273	2,098	1,049
7	47,340	87,579	7,299	3,650	3,369	1,685	61,542	5,129	2,565	2,367	1,184
8	52,720	97,532	8,128	4,064	3,752	1,876	68,536	5,712	2,856	2,636	1,318
For each add'l family member, add	5,380	9,953	830	415	383	192	6,994	583	292	269	135

