2025-2026 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL	Household Members who are infants, ch	ildren, and stude	ents up to and including	grade 12 (if more spaces a	re required for additional na	mes, attach another sheet of paper)
Definition of Household	Child's First Name	M	II Child's Last Name			Grade Yes No Child Runaway
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						Check all that apply
eligible for free meals. Read How to Apply for Free and						
Reduced Price School Meals for more information.						
STEP 2 Do any H	ousehold Members (including you) curre	ently participate	in one or more of the fo	llowing assistance progran	ns: SNAP, TANF, or FDPIR?	
	If NO > Go to STEP 3. If Y	ES > Write a ca	se number here then go to	STEP 4 (Do not complete STE	Case Number:	
						Write only one case number in this space.
STEP 3 Report In	come for ALL Household Members (Skip th	is step if you ans	wered 'Yes' to STEP 2)			
	A. Child Income	5.			Child income Weekly	Bi-Weekly 2x Month Monthly
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Ple	ease include the TOTAL inco	me received by all	\$	Ω
	B. All Adult Household Members (inc	luding vourself)	1		+	
Are you unsure what	List all Household Members not listed in STEI	2 1 (including yours	self) even if they do not receive			income, report total gross income (before taxes)
income to include here?	for each source in whole dollars (no cents) on	ly. If they do not red	ceive income from any sourc How often?	e, write '0'. If you enter '0' or lea	ve any fields blank, you are certify How often?	ring (promising) that there is no income to report. How often?
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Wo		Public Assistance/ Monthly Child Support/Alimony	Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Monthly
of Income" for more information.		\$		<u> </u>	0 0 0 0	\$ 0 0 0
The "Sources of Income		4	0 0 0		0 0 0	
for Children" chart will help you with the Child		\$	0 0 0	\$	0 0 0 0	\$ 0 0 0
Income section.		\$	0 0 0	\$	0 0 0 0	\$ 0000
The "Sources of Income						
for Adults" chart will help you with the All Adult		\$	000	\$	0 0 0 0	\$ 0 0 0 0
Household Members section.		\$	0 0 0	○ s	0 0 0 0	\$ 00000
		Last Four Digits	of Social Security Number (SS	N) of		
	Total Household Members (Children and Adults)	-	arner or Other Adult Househol	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	X X	Check if no SSN
STEP 4 Contact in	nformation and adult signature. Mail Co	ompleted Form	To: Diocese of Owensb	oro Attn: Food Service Of	ice 600 Locust St. Owensbo	oro, KY 42301.
false information, my children may	lose meal benefits, and I may be prosecuted under appl	icable State and Feder	ral laws."			
Street Address (if available)	Apt #	City		State Zip	Daytime Phone and I	Email (optional)
Printed name of adult signing	the form	Signature o	of adult		Today's date	

INSTRUCTIONS	Sources of Income							
Sources of Income for Children					Sources of Income for Adults			
Sources o	Sources of Child Income		Example(s)		Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Earnings from work - Social Security - Disability Payments - Survivor's Benefits		- A child has a regular full or part-time job where they earn a salary or wages			- Salary, wages, cash bonuses	- Unemployment benefits - Worker's compensation	- Social Security (including railroad	
		Security benefits	r disabled and receives soled, retired, or deceased		 Net income from self- employment (farm or business) 	Supplemental SecurityIncome (SSI)Cash assistance from	retirement and black lung benefits) - Private pensions or	
OPTIONAL	Children's Racial and	Ethnic Identities	Social Security benefits		If you are in the U.S. Military:		disability benefits - Regular income from	
We are required to the Responding to the	other source ispanic or	about ্তি টোকীগা র্টাও িই and does not affect yo	di cilidren s eligibili	ly lor lifee	ati Basis payao teash and uses p: o (de NO Eiellyde combataray, FSSA or privatized housing allowances) a ck Nowanes for Alfrhese an housing, food and clothing	- Alimony payments s to native support paymentity so - Veteran's benefits - Strike benefits Native Hawaiian or Other	trusts or estates erving nourites mmunity Investment income - Earned interest - Rental income - Regular cash payments - Pariom outside household	
meals. You must include signs the application. The behalf of a foster child Assistance for Needy (FDPIR) case number member signing the application of the lunch and breakfast nutrition programs to be program reviews, and USDA Nondiscriminate cordance with federal cordance with federal cordance with federal cordance with sinstitution is proder identity and sexual of the program formation may be gram information may be sire alternative means of the sistence of the significant formation may be sire alternative means of the significant formation may be sire alternative means of the significant formation may be sire alternative means of the significant formation may be sire alternative means of the significant formation may be sire alternative means of the significant formation may be significant formation formation formation formation for many significant formation formation for many significant for many significant for many significant formation for many significant for many significant	civil rights law and U.S. Dep ohibited from discriminating orientation), disability, age, of e made available in languag f communication to obtain p	ocial security number of the acial security number is not report of the acial security number is not report of the acial security number is not report of the acial security number. We see that of the acial security number. We see that of the acial security number. We see that of the acial security number was pour eligibility information determine benefits for their help them look into violation of the basis of race, color or reprisal or retaliation for the acid of the a	adult household member whe equired when you apply on m (SNAP), Temporary on on Indian Reservations licate that the adult housel will use your information to inistration and enforcement with education, health, and programs, auditors for ins of program rules. DA) civil rights regulations national origin, sex (includation or civil rights activity.	o To O William William William St.	nline Form (AD-3027) found online riting a letter addressed to USDA. ritten description of the alleged disc	at How to file a Compliant, from any The letter must contain the complaina criminatory action in sufficient detail to f an alleged civil rights violation. The contact to USDA by: ure Civil Rights -7442; or	e the <u>USDA Program Discrimination Cor</u> USDA office, by calling (866) 632-9992, nt's name, address, telephone number, a prinform the Assistant Secretary for Civil completed AD-3027 form or letter must b	
Do not fill out	should contact the responsi For School Use Only	<u> </u>	at administers the program	n or				
	onversion: Weekly x 5		26, Twice a Month x	24 Monthly	y x 12	Eligibility:		
Total Income		Weekly Bi-Weekly 2x Month Mon	Household Size			Free Reduced Denied		
				Cata				
		0 0 0)	Cate	gorical Eligibility	0 0 0		