

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

Apply online at cd.k12.ok.us

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 <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student?	Foster Child			Homeless, Migrant, Runaway
							Yes No				

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

If 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 children in the household listed in STEP 1 here.

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 he/she does receive income, report 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.

Names 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 Monthly		Weekly	Bi-weekly	2x Monthly		Weekly	Bi-weekly	2x Monthly		

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: **Insert Your School District Mailing Address Here**

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.

Street Address (if available)

City

State

Zip Code

Daytime Phone and E-Mail (Optional)

Printed Name of Adult Submitting the Form

Signature of Adult Submitting the Form

Today's Date