DIVISION OF FOOD AND NUTRITION

Federal & New Jersey Expanded Income Eligibility Guidelines

Effective School Year 2026-2027: July 1, 2026 – June 30, 2027

Federal Free Meals

Participants qualify for free meals if the household income falls at or below the limits on this chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	20,748	1,729	865	798	399
- 2 -	28,132	2,345	1,173	1,082	541
- 3 -	35,516	2,960	1,480	1,366	683
- 4 -	42,900	3,575	1,788	1,650	825
- 5 -	50,284	4,191	2,096	1,934	967
- 6 -	57,668	4,806	2,403	2,218	1,109
- 7 -	65,052	5,421	2,711	2,502	1,251
- 8 -	72,436	6,037	3,019	2,786	1,393
Each add'l household member add	7,384	616	308	284	142

Federal Reduced Price Meals

Participants qualify for reduced price meals if the household income falls at or below the limits on this chart and above the limits on the Federal Free Meals chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	29,526	2,461	1,231	1,136	568
- 2 -	40,034	3,337	1,669	1,540	770
- 3 -	50,542	4,212	2,106	1,944	972
- 4 -	61,050	5,088	2,544	2,349	1,175
- 5 -	71,558	5,964	2,982	2,753	1,377
- 6 -	82,066	6,839	3,420	3,157	1,579
- 7 -	92,574	7,715	3,858	3,561	1,781
- 8 -	103,082	8,591	4,296	3,965	1,983
Each add'l household member add	10,508	876	438	405	203

New Jersey Expanded Income Guidelines (NJEIE)

New Jersey participants qualify for meals at no charge if the household income falls at or below the limits on this chart and above the limits on the Federal Reduced Price Meal chart.

NJEIE does not apply to schools/sites participating in CEP.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	35,751	2,980	1,490	1,376	688
- 2 -	48,474	4,040	2,020	1,865	933
- 3 -	61,197	5,100	2,550	2,354	1,177
- 4 -	73,920	6,160	3,080	2,844	1,422
- 5 -	86,644	7,221	3,611	3,333	1,667
- 6 -	99,367	8,281	4,141	3,822	1,911
- 7 -	112,090	9,341	4,671	4,312	2,156
- 8 -	124,813	10,402	5,201	4,801	2,401
Each add'l household member	12,724	1,061	531	490	245

~When all income is reported with the same frequency (i.e., all reported as weekly, every 2 weeks, monthly, or twice a month), total the income and the number of household members and compare it to this chart. Do not annualize if all income reported is the same frequency.

~When income is reported with different frequencies, annualize the number, total income and the number of household members and compare it to the annual income column on this chart.

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, and Monthly x 12

DIVISION OF FOOD AND NUTRITION

Federal & New Jersey Expanded Income Eligibility Guidelines

Effective School Year 2026-2027: July 1, 2026 – June 30, 2027

Federal Free Meals for Households of 9-16

Participants qualify for free meals if the household income falls at or below the limits on this chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 9 -	79,820	6,652	3,326	3,070	1,535
- 10 -	87,204	7,267	3,634	3,354	1,677
- 11 -	94,588	7,883	3,942	3,638	1,819
- 12 -	101,972	8,498	4,249	3,922	1,961
- 13 -	109,356	9,113	4,557	4,206	2,103
- 14 -	116,740	9,729	4,865	4,490	2,245
- 15 -	124,124	10,344	5,172	4,774	2,387
- 16 -	131,508	10,959	5,480	5,058	2,529
Each add'l household member add	7384	616	308	284	142

Federal Reduced Price Meals for Households of 9-16

Participants qualify for reduced price meals if the household income falls at or below the limits on this chart and above the limits on the Federal Free Meals chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 9 -	113,590	9,466	4,733	4,369	2,185
- 10 -	124,098	10,342	5,171	4,773	2,387
- 11 -	134,606	11,218	5,609	5,178	2,589
- 12 -	145,114	12,093	6,047	5,583	2,791
- 13 -	155,622	12,969	6,485	5,986	2,993
- 14 -	166,130	13,845	6,922	6,390	3,195
- 15 -	176,638	14,720	7,360	6,784	3,397
- 16 -	187,146	15,596	7,800	7,198	3,599
Each add'l household member add	10,508	876	438	405	203

New Jersey Expanded Income Guidelines (NJEIE) for Households of 9-16

New Jersey participants qualify for meals at no charge if the household income falls at or below the limits on this chart and above the limits on the Federal Reduced Price Meal chart.

NJEIE does not apply to schools/sites participating in CEP.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 9 -	137,536	11,462	5,731	5,290	2,645
- 10 -	150,260	12,522	6,261	5,780	2,890
- 11 -	162,983	13,582	6,791	6,269	3,135
- 12 -	175,706	14,643	7,322	6,758	3,379
- 13 -	188,429	15,703	7,852	7,248	3,624
- 14 -	201,152	16,763	8,382	7,737	3,869
- 15 -	213,876	1,7823	8,912	8,226	4,113
- 16 -	226,599	18,884	9,442	8,716	4,358
Each add'l household member	12,724	1061	531	490	245

Error Prone (does not apply to NJEIE Applications):

Weekly: $0 -$25 below the free or reduced price income eligibility limit.
Every two weeks or twice a month: $0 - $ 50 below the free or reduced price income eligibility limit.
Monthly: $0 - $100 below the free or reduced price income eligibility limit.
Annually: $0 - $1200 below the free or reduced price income eligibility limit.

Letter to Households in Schools/Districts Participating in
Community Eligibility Provision

Dear Parent or Guardian:

We are pleased to inform you that _____

school(s)/district will be participating in the Community Eligibility Provision (CEP) to provide **free meals to all students during the 2026-2027 academic school year.**

All enrolled students of _____

are eligible to receive a healthy breakfast and lunch at school at **no cost** to your household each day of the 2026-2027 academic school year.

This letter is to inform you that your child(ren) will be able to participate in the lunch and breakfast programs without having to pay a fee.

In order for eligibility to be determined for Summer EBT benefits you must complete the School Meals and Summer EBT Application. Completing the application is also essential for us to provide the Department of Education with the information it needs to ensure our school/district will continue to receive critical state funding.

If you have any questions, please contact us at: _____

In accordance with 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/ad-3027.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

Form 148
August 2023

AD-3027

OMB Control Number 0508-0002

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
USDA Program Discrimination Complaint Form Instructions

(The complaint form is below the instructions)

PURPOSE: This form may be used if you believe you have experienced discrimination in any USDA program or activity, and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance program and political beliefs. If you need assistance filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative.

We must have a signed copy of your complaint. Incomplete information or an unsigned form will delay the process of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed within 180 days from the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed.
Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;

2. You were seriously ill or incapacitated; or

3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

OFFICE LOCATION WHERE DISCRIMINATION OCCURRED: List the location and/or address of the office where discrimination occurred. If not known, this part of the form can be left blank.

WHERE TO FILE YOUR COMPLAINT: You may submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence, Ave, SW, STOP 9410, Washington, DC 20250-9410;
Fax: 1 (833) 256-1665 or (202) 690-7442; or
e-Mail: program.intake@usda.gov.

You may also visit our website at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint.

LEGAL INFORMATION

CONSENT: This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974 (5 U.S.C. §552a),and is used to solicit information for processing complaints of discrimination. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (OASCR) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint, the information collected during the investigation will be used to process your program discrimination complaint.

REPRISAL (RETALIATION) PROHIBITED:

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

PRIVACY ACT STATEMENT(5 U.S.C. § 552a)

AUTHORITIES: Collection of this information is authorized by Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); and Sections 504 and 508 of the Rehabilitation Act of 1973 (29 U.S.C. §§ 790-790f) and any other anti-discrimination statutes, rules and regulations.
PURPOSE: The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice. Any information obtained from this form will be maintained in our system of record.
ROUTINE USES: To respond to requests from individuals and agencies outside the Department *(such as the White House, Congress, and the Equal Employment Opportunity Commission)* regarding the status of a complaint. More information on the routine uses for the system can be found in the System of Records Notice USDA-2021-0007 records maintained by the OASCR.

DISCLOSURE: Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint or rejection of the complaint due to an inadequate information to continue processing.

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 *(44 U.S.C. 3501 et seq.)* requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to process it fully. The Office of the Assistant Secretary for Civil Rights will use the information to process your discrimination complaint.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, (5 U.S.C. § 552a(b)). The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, Mail Stop 9410, Washington, DC 20250. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. **The OMB Control Number for this form is 0508-0002.**

USDA

OMB Control Number 0508-0002

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
Program Discrimination Complaint Form

Complainant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address:_____

City: _____ State: _____ Zip code: _____

E-mail address: _____

Primary Phone Number: _____

Alternate Telephone Number: _____

Best Way to Reach You (check one): Mail ___ Phone ___ E-mail __ Other:___

Representative Information

Do you have a representative? Yes _____ No _____

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State:_____ Zip Code:_____

Telephone: _____ E-mail: _____

Do you have written authorization from representative? Yes _____ No _____
If so please attach.

Complaint Information *(attach additional pages and supporting documentation as needed)*

1. Provide the name of the program you applied for (if known/applicable).

2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program.

Farm Service		Food and Nutrition Service	☐
Rural Development	☐	Natural Resource Conservation Service	☐
Forest Service	☐	Other:_____	☐
Unknown	☐		

3. Date of recent alleged discrimination (mm/dd/yyyy): _____

4. Location and/or address of the office where discrimination occurred:

5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known):

6. What happened to you? (please include dates of each allegation)

7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on:

8. Remedies: How would you like to see this complaint resolved?

9. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: _____ No: _____

If yes, with what agency or court did you file?

_____

When did you file? _____ _____ _____
Month Day Year

Complainant Signature: _____ Date: _

Representative Signature: _____ Date: _

Mail Completed Form To:
USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410
E-mail address:program.intake@usda.gov

Telephone Numbers:
Local area: 202-260-1026
Toll-free customer service: 866-632-9992
Local or Federal Relay Service: 800-845-6136
Spanish Relay Service: 800-845-6136
Fax: 202-690-7442

USDA Nondiscrimination Statement 2022 (English Translation)

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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/ad-3027.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

This institution is an equal opportunity provider.

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get federal free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, *unless you tell us not to.* Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the School Meals and Summer EBT Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

☐ No! I DO NOT want information from my School Meals and Summer EBT Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare).

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

How To Apply for School Meals and Summer EBT Benefits

Please use these instructions to help apply for School Meal Benefits and/or Summer EBT. You only need to submit one application per household, **even if your children attend more than one school in the** [ ]

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals and Summer EBT. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [ ]

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) [ ]

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one name in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle initial in the box	B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **Step 1**, go to **Step 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, of runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or https://www.nj.gov/humanservices/njsnap/
- Temporary Assistance for Needy Families (TANF) or https://www.state.nj.us/humanservices/dfd/programs/workfirstnj/
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
• Check "No" in **Step 2** and go to **Step 3.**	• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: https://www.nj.gov/humanservices/dfd/counties/ • Go to **Step 4.**

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled "**Sources of Income**" & "**Examples of Income for Children**," on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes and deductions.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- ***Do NOT include:***
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, children and students already listed in **Step 1.**

Step 3: List ALL household members and income for each member

1) **List adult household members' names.**
Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in **Step 1**.

2) **List earnings from work.**
List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- ***What if I have multiple jobs?*** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- ***What if I am self-employed?*** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) **List income from public assistance/child support/alimony.**
List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) **List income from pensions/retirement/all other income.**
List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- ***What if I receive income from multiple sources in this category?*** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) **List total household size.**
Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) **Provide the last four digits of your Social Security Number.**
An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number." A Social Security Number is not required if you are **ONLY** applying for Summer EBT benefits.

7) **Opt out (Decline) the Summer EBT Benefit.**
Check the box to opt out (decline) the Summer EBT Benefit. You will **NOT** receive Summer EBT benefits if you check this box.

3.B List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- ***What is Child Income?*** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

For Summer EBT Only: By signing the application, the household member is certifying (promising) that they are not receiving Summer EBT benefits in another state. If you intend to move, or have recently moved, you should apply for benefits in the State where your child will complete or completed the school year immediately preceding the summer operational period.

Dual participation in the Summer EBT program is prohibited. This means that children may not receive multiple benefit allotments from the same State, or from more than one State, each summer.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."	C) Mail completed application to:

Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.