



# IT'S MORE THAN AN APPLICATION

The Free and Reduced Meal Application can be found on our District Website at:



## HEALTHY STUDENTS

School Meals  
Nutrition Education  
Kitchen Equipment

Making an impact with all students to help your district provide nutritious healthy meals for students.



## STUDENTS BENEFITS

Student Athletics and Band Equipment  
Computer Equipment  
College Application  
SAT and ACT Fee

Discount on band equipment for students, Discount on fees associated with applying for college, Discount fees on academic tests



## SCHOOL FUNDING

Teacher Support  
No Child Left Behind  
Parent/Community Engagement

Increased funding to ensure students receive support they need for a world class education



One application per household. Please use a pen (not a pencil).

**STEP 1: List All Household Members (Including Yourself) and Members Up to and Including 12th Grade who require the services of the program. Do not include anyone eligible for free meals. Must list to Apply for Free and Reduced-Priced School Meals for more information. PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student?	School	Grade	Free?	Reduced?	Migrant?
1)			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2: Do any household members (including yourself) have any of the following conditions? Please print.**

Case Number: \_\_\_\_\_ (Write only one case number in this space)

**STEP 3: Report income for ALL household members (step 1), step 4, if you answered "YES" to STEP 2.**

Unsure what income to include here? Flip the page and review the chart titled, "Source of Income" for more information. The "Source of Income for Children" chart will help you with the Child Income and the "Source 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 \_\_\_\_\_  
 Child Income: \$ \_\_\_\_\_ How Often? Please put an X in  Daily  Weekly  Monthly  Other \_\_\_\_\_

**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, source is where others pay costs) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (penalty) that there is no income to report.

**PLEASE PRINT**

Name	Address	City	State	Zip	SSN	Income	How Often?
1)							
2)							
3)							
4)							
5)							

Total Household Members (Child and Adult): \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of \_\_\_\_\_  
 (Please Print Child or Other Adult Household Member) \_\_\_\_\_  
 Check if you are:  Public Assistance  Homeless  Foster Care  In Other Home  State Office  Other \_\_\_\_\_

**STEP 4: Contact information and signature** Mail Completed Form to: [FreeMeals@sdge.org](mailto:FreeMeals@sdge.org) or 719.334.6666 (ext. 2000)

I certify (penalty) that all information on this application is true and that I intend to report. I understand that this information is given in accordance with the terms of Federal, State, and local laws, and that I will not use the information. I am aware that if I purposely give false information, my children may lose benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available): \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone and Email (Optional): \_\_\_\_\_

Printed Name of Adult Signing Form: \_\_\_\_\_ Signature of Adult: \_\_\_\_\_ Today's Date: \_\_\_\_\_



# ES MÁS QUE UNA APLICACIÓN.

La Solicitud de comida gratis o reducida se puede encontrar en nuestro sitio web del distrito en:



## ESTUDIANTES SALUDABLES

**Comidas del colegio  
Educación nutricional  
Equipo de cocina**

Hacer un impacto con todos los estudiantes para ayudar a su distrito a proporcionar comidas nutritivas y saludables para los estudiantes.



## BENEFICIOS DE LOS ESTUDIANTES

**Equipo de atletismo y banda para estudiantes  
Equipo de computadora  
Solicitud de la Universidad  
Tarifa de SAT y ACT**

Descuento en equipos de banda para estudiantes, Descuento en tarifas asociadas con la solicitud de ingreso a la universidad, Tarifas de descuento en exámenes académicos



## FINANCIACIÓN ESCOLAR

**Apoyo al maestro  
Ningún niño dejado atrás  
Participación de padres y comunidad**

Mayor financiamiento para garantizar que los estudiantes reciban el apoyo que necesitan para una educación de clase mundial.