2020-21 Richmond Household Application for Free & Reduced Meals Form

To determine eligibility to qualify for free or reduced meals, please complete this household application for free and reduced meals form and return to Richmond School's front office desk.

- 1. Select the total number of people in your household. Be sure to include all children and adults, related and unrelated, that live in a single dwelling and share income and expenses.
- 2. Select the box that represents the range of annual household income. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be <u>before</u> any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total No. of people in household		 Select the appropriate range of combined annual income for all people in the household (Include all income sources listed above, before taxes.) 					
□ 1 —	→ □ \$0 - \$16,588	□ \$16,589 - \$23,605	☐ At or Above \$23,606				
□ 2	\$0 - \$22,412	□ \$22,413 - \$31,893	☐ At or Above \$31,894				
□ 3 —	→ □ \$0 - \$28,236	□ \$28,237 - \$40,181	☐ At or Above \$40,182				
□ 4 —	→ □ \$0 - \$34,060	□ \$34,061 - \$48,469	☐ At or Above \$48,470				
□ 5	→ □ \$0 - \$39,884	□ \$39,885 - \$56,757	☐ At or Above \$56,758				
□ 6 =	\$0 - \$45,708	□ \$45,709 - \$64,045	☐ At or Above \$64,046				
D 7	\$0 - \$51,532	□ \$51,533 - \$73,333	☐ At or Above \$73,334				
□ 8 —	→ □ \$0 - \$57,356	□ \$57,357 - \$81,621	☐ At or Above \$81,622				
If household size is	more than 8, list the househol	d size and total annual incon	ne below.				
□ Size:		☐ Income:					
		ntly participate in any of the	following assistance programs:				
Case #	Program Nar	ne	ng				

(Over →)

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List all members of the household. If any child you are applying for is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

First Name	Last Name	Grade Level	School Child Attends (if applicable)	Foster	Homeless, Migra Runaway	Head Start
Name of Adult Completin	g the Form (printed)					
Signature		Today's Date				
Street Address (if available), Apt #		City	State	Zip Cod	e	-
	WWW.					
Daytime Phone		Email (optional)				
	d all of your children as sehold size and total ho					