

Complete one application per household. Please use a pen (not a pencil). SY 2026-2027

Cabot School District
Return Application to 602 N. Lincoln or email to:
Janie.Bowien@cps.k12.ar.us

STEP 1 list All children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

Child's First Name

W

Child's Last Name

Name of School

Grade

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 How to Apply to Free and Reduced Price

[illegible][illegible]

Check all that apply

	Foster Clinic	Migrant	Hurtway	Hemlock

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3.

YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3

List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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.

[illegible]

B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

Weekly	Every 2 Weeks	2x Month	Monthly	Annual

Please see application's back for list of income sources.

STEP 4 **Contact information and adult signature.**

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school 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 (confirm) 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."

Print Name of Adult Signing the Form		Signature of Adult		Today's Date	
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SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of income		Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/Child Support	A child has a regular full- or part-time job where they earn a salary or wages
Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business)	- Unemployment benefits - Workers' compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
You are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for of-base housing, food, and clothing	- Alimony payments - Child support payments - Veterans' benefits - Strike benefits	A friend or extended family member regularly gives a child spending money
Disclosure (Optional)	☐ I do not want school officials to share information from my free and reduced-price meal application with Medicaid or the State Children's Health Insurance Program (AR Kids 1st).	A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino
 Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Annual Income	How often?	Household size	Categorical Eligibility	Eligibility
	Weekly Every 2 Weeks Twice a Month Monthly Annual			Free Reduced Denied
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household.

Inspectors

and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child don't need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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, (2) fax: (202) 690-7442, or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender

*Do not mail applications to this address, only complaints of discrimination.