**<Delete This Text and Print on District Letterhead>**

**NOTE to District/LEAs:** This document should not take the place of the National School Lunch Program Application.

Two entities typically use this form:

1. Community Eligible Provision (CEP) schools use it to qualify students for State at-risk weighting.
2. USD preschool programs use it if the program or child does not participate in CACFP or SNP meal reimbursement or meals. (Remember Preschool-Aged At-Risk programs must provide at least one meal or snack, both which can be reimbursed by participating in the Child and Adult Care Food Program (CACFP)).

**2022-2023 Household Economic Survey**

Do not complete this form if you are Directly Certified to receive free meals or if you

have filled out a Child Nutrition Program Meal Benefits Application.

**For your school to receive specific state and federal benefits and funding, you must fill out this form.**

There are \_\_\_\_\_\_\_\_\_\_ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per year.

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| --- | --- | --- | --- |
| **Student Name** | **School** | **Grade** | **Date of Birth** |
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Additional students are listed on the back of this page.

***I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date Phone

For School Use Only:  Free  Reduced  Not Eligible