

# It's More Than a Meal Application

Our meal application affects many areas.

PSD asks that ALL families complete our meal applications to ensure continued funding to support ALL students in our district.

Pick up an application at your child's school or call us at 509-786-2848.

You can also download an application at

[prosserschools.org](http://prosserschools.org), click on Departments, slide down to Food Services and click on Free/ Reduced Meal Applications.



## School Funding

Increased funding to ensure students receive the support they need to receive a comprehensible, world class education



## College App Fees

Discount on fees associated with applying for college



## Athletics

Discount fees on Pay to Play



## Computer Network

PSD can receive more funding for internet access, wireless and network services



## School Meals

Free or reduced price on delicious and nutritious meals



## SAT, ACT, AP Fees

Discount fees for academic tests

2019-20 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
PROSSER SCHOOL DISTRICT  
Apply online: [http://www.prosserschools.org/department/food\\_service/free\\_reduced\\_meal\\_application](http://www.prosserschools.org/department/food_service/free_reduced_meal_application) Case Number: \_\_\_\_\_  
Complete, sign, and return this application to: Darlene Morrow, KRK Kitchen, Cindy McLemore, Transportation or your school meal accounting office

Check here if you received meal benefits last year:  Homeless  Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "X" in the appropriate box. Include any personal income received by the student and make an "X" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	21 Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.  
 TANF  Food Distribution Program on Indian Reservations (FDPIR) Case Number: \_\_\_\_\_

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)				Public Assistance/ Child Support/ Alimony				Pensions/ Retirement/ Social Security (SS)				Any Other Income Not Already Listed			
		Weekly	Bi-weekly	21 Month	Monthly	Weekly	Bi-weekly	21 Month	Monthly	Weekly	Bi-weekly	21 Month	Monthly	Weekly	Bi-weekly	21 Month	Monthly
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household) \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member \_\_\_\_\_ Check if no SSN:

5. Contact Information & Signature - Complete, sign, and return this application to:  
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 (check) 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.

Printed Name of Adult Household Member \_\_\_\_\_ Adult Household Member Signature \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Date \_\_\_\_\_

OSPI CNS Page 1 of 2 June 2018