

**Application #:**

**2023-2024 Application for Free and Reduced Price School Meals**

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

**APPLY ONLINE:**  
**RETURN TO (School/District Name):**  
**ADDRESS:**

www.eschnj.us  
 NuView Academy/ESCNJ  
 1 Park Avenue,  
 Piscataway, NJ 08854

**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.**

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	[press space bar to advance]	School Name (Abbr.)	Grade	Foster Child	Migrant Worker	Runaway	Homeless
						<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"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

Check all that apply

**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.

Name of Adult Household Members (First and Last)	Earnings from Work			How often received?			Public Assistance, Child Support, Alimony			How often received?			Pensions, Retirement, Social Security, SSI, VA Benefits, All Other			
	Weekly	2 Weeks	Monthly	Annual	Weekly	2 Weeks	Monthly	Annual	Weekly	2 Weeks	Monthly	Annual	Weekly	2 Weeks	Monthly	
	\$															
	\$															
	\$															
	\$															
	\$															

Total Household Members (Children and Adults)

**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  \$

How often received?  
 Weekly  2 Weeks  Monthly  Annual

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

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:**

"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

Mailing Address (if available)

City

State

Zip

Phone (optional)

Email (optional)

Return completed form to your child's school

