

It's **MORE** than a School Meal Application!

Completing the annual application for free or reduced priced meals can additionally connect students and families with discounted fees and community support resources.

Apply now at www.bsd405.org/freeandreduced or call (425) 456-4507.

Fee Waiver Program

Offers free or discounted fees for eligible school items.

ASB & club membership dues



Athletic fees



Course fees & supplies



IB & AP test fees



Transportation costs for clubs



Summer school tuition



HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS
BELLEVUE SCHOOL DISTRICT
 For faster processing, consider applying online: www.bsd405.org/freeandreduced

Complete, sign, and return this application to: Nutrition Services 12037 NE 5th Street, Bellevue, WA 98005

Check here if you received meal benefits last year: Yes No

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	MR	Date of Birth	School	Grade	Student Income	Homeless		Migrant	
							Weekly	24 Month	Weekly	24 Month
						\$	<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 4.

Basic Food 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)	Earnings from work (before any deductions)	Public Assistance/ Child Support/ Alimony		Pensions/ Retirement/ Social Security (SSI)		Any Other Income Not Already Listed
		Weekly	24 Month	Weekly	24 Month	
	\$	<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 _____ Check if no SSN

5. Contact Information & Signature - Complete, sign, and return this application to: Nutrition Services 12037 NE 5th Street, Bellevue, WA 98005

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 _____

Copyright © _____ Page 1 of 2 June 2018

Nursing/Health Services

Connects families with Vision Support coupons.



Family Connections / Human Services Centers

Connects families with information about support services & resources in the local community.

Backpack Program (school supplies)



Operation School Bell (clothing)



Breaktime-Mealtime & Backpack Meals



Shoes that Fit



This institution is an equal opportunity provider.