

It's More Than a Meal Application

Your Free and Reduced Price Meals Application affects many areas.

North Kansas City Schools asks that ALL families complete a meal application to ensure continued funding to support ALL students in our district.

Apply online: <https://bit.ly/3dou1Eh>
or pick up an application at your child's school or call Suzie at (816) 321-5868.



School Funding

More students qualifying for free or reduced price meals equals more funding for the district to spend on education



College App Fees

Discount on fees associated with applying for college



Athletics

Discount on fees for Pay to Play



Health Care

Discount on fees for Dentistry, Vision, Mental Health and more



Financial Assistance

Money for groceries and discounts on monthly internet bills.



SAT, ACT, AP Fees

Discount on fees for academic tests

If your application is denied, your child will still receive free meals throughout the 2021-22 school year, through the nationwide waiver that allows school districts to feed all students for Free.

2019-2020 SY HUSD Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a Black or Blue pen (not a pencil).
* A new application is required EVERY SCHOOL YEAR*

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12
(If more spaces are required for additional names, attach another sheet of paper)

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.

Child's First Name	MI	Child's Last Name	HUSD School the child attends or N/A if not a HUSD Student	Public Support Child?	Homeless, Migrant, Runaway?
				<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"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI?
If YES > Check which program and write a case number in box provided, then go to STEP 4
If NO > Complete STEP 3 and STEP 4
 SNAP TANF FDIPI **AHCCCS or EBT Numbers Do NOT Qualify**
Case Number: _____

STEP 3 Report income for ALL Household Members (Skip this step if you answered 'Yes to STEP 2')

A. CHILD Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all CHILDREN listed in STEP 1 here: \$ _____

B. All ADULT Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars 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)	GROSS Income from Work	Investment Income	Public Assistance/Child Support Income	Pension/Retirement/Other Income

C. Total Household Members (All Children and Adults Listed) _____
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X X X
Check box if no SSN:

STEP 4 Contact Information and Adult Signature

Signature of adult completing the form: _____
Printed name of adult completing the form: _____
Street Address (if available): _____
City: _____ State: _____ Zip: _____

OFFICE USE ONLY
Eligibility: Free _____ Reduced _____ Denied _____
Determining Official's Signature: _____ Date: _____
 Income Application Case # Application Foster Application Household Size: _____
Total Income: _____ Per: Week Bi-Weekly (Every 2 Wks) Month Annual
 Selected For Verification
Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____