



Delaware

Department of Education

INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS

Effective Date: July 1, 2025 - June 30, 2026

These are the income scales used by Child Nutrition Programs to determine eligibility for free and reduced-price meals.

Household Size	Free Meals – 130%					Reduced Meals – 185%				
	Yearly	Monthly	Twice per Month	Every two weeks	Weekly	Yearly	Monthly	Twice per Month	Every two weeks	Weekly
1	\$20,345	\$1,696	\$848	\$783	\$392	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each additional household member, add:	\$7,150	\$596	\$298	\$275	\$138	\$10,175	\$848	\$424	\$392	\$196

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you fill out the application for free or reduced-price meals. You only need to submit one application per household, even if you have more than one participant enrolled at this center. The application must be filled out completely to certify your children for free or reduced-price meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **EFCCA at (302) 510-4548 or admin@ezionfairchurch.org**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 INCLUDING ANY WHO ARE NOT ENROLLED AT THE CENTER

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children aged 18 or under AND are supported with the household's income; and/or
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. Include each child's date of birth (DOB) in the DOB column.

B) Is the child enrolled at EFCCA? Mark 'Yes' or 'No' under the column titled "Enrolled?" to tell us which children attend **EFCCA**.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1 and 2**, go to **STEP 5**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, **complete step 2 and 3.**

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Migrant means participating in the Migrant Education Program (MEP).

STEP 2: ENROLLMENT INFORMATION

This section is to be completed for all children attending the childcare center/home or for the adult participant attending an adult day care center. Complete the enrollment information including original start date at the center/home, normal arrival and departure times, normal days of the week the participant is in attendance, and normal meals eaten at the center. If the parent/guardian works shiftwork, please indicate that.

STEP 3a: CHILD CARE PARTICIPANTS ONLY: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free meals:

- Delaware Supplemental Nutrition Assistance Program (SNAP)
- Delaware Temporary Assistance for Needy Families (TANF)

Write a case number for SNAP or TANF and then go to STEP 5. Do not write an EBT card number here. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case manager.

If no one in your household participates in any of the above listed programs:

- Leave STEP 3 blank and go to STEP 4.

STEP 3b: FOR ADULT DAY CARE PARTICIPANTS ONLY: DO ANY HOUSEHOLD MEMBERS CURRENTLY RECEIVE SNAP, TANF, SSI, or Medicaid benefits? Please also include the name of the adult participant here.

A) If no one in your household participates in any of the above listed programs:

- Leave STEP 3 blank and go to STEP 4.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, SSI, or Medicaid and then go to STEP 5. Do not write an EBT card number here. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case manager.

STEP 4: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled “Sources of Income for Adults” and “Sources of Income for Children,” to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

4.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

4.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own. If there is no income, enter “0”. If left blank, you are indicating there is no income. **If you decline to provide income information, please write “DECLINE”. Your form will be denied for free or reduced-price meals.**
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND/OR do not contribute income to your household. ○ Infants, children, and students already listed in STEP 1.

<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 4, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Check the box indicating the frequency of pay.</p> <p><i>What if I am self-employed?</i> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part. Check the box indicating the frequency of pay.</p>
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application. Check the box indicating the frequency of pay.</p>	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." <u>This number MUST be equal to the number of household members listed in STEP 1 and STEP 4.</u> If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN." The form will not be processed without this information.</p>

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions/Retirement /All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Allowances for off-base housing, food and	- Alimony payments	- Investment income
	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- Regular cash payments

STEP 5: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information (OPTIONAL).

Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date (REQUIRED). Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Return the completed form to the front desk; not to your child's teacher.

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

STEP 6: Share Children's Racial and Ethnic Identities (OPTIONAL)

Step 6 is optional. We ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price meals.