Emergency Application Request Form

Please complete this form to request student emergency meal benefits. Date: _____ School: Student Name: _____ Student ID Principal requesting emergency free/reduced-price meals: Reason for requesting emergency free/reduced-price meals: Signature of Principal: Nutrition Services Office Use Only Student has application previously on file for this school year:

Yes/No and Initial New application mailed to parents/guardians:

Date Sent and Initial Application received from parents/guardians: Date Sent and Initial If application not received from parents/guardians: Has the principal completed the emergency Meal Benefit Form completely and correctly? If no, date returned to principal: _____ Initials: ____ Emergency application is approved:

Signature of Nutrition Services Director or Assistant Director Application & Emergency Application Request Form sent to secretary for processing: Emergency application is denied:

Signature of Nutrition Services Director or Assistant Director Reason for denial: Denial communicated to Principal by Director/Assistant Director: Application & Emergency Application Request Form sent to secretary for filing: