

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of ALL Household Members (First, Middle, Last)	Name of School for each child or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare or court) *If all children listed below are foster children, skip to Part 5 to sign this form	Check if NO Income
		<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"/>

PART 2. BENEFITS

If any member of your household receives SNAP or TANF, provide the name and Case Number for the person who receives benefits and **SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

Name: _____ Case Number: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL 344-9582. Homeless Migrant Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
(List only household members with income) <i>(Example) Jane Smith</i>	Earnings from Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
	\$199.99 / weekly	\$149.99 / every other week	\$99.99 / monthly	\$50.00 / monthly
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the Application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the School will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____
 Street or Mailing Address: _____ Contact Number: _____
 Last four digits of Social Security Number: **X X X - X X -** _____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:
 Hispanic / Latino Asian American Indian or Alaska Native Black or African American
 Not Hispanic / Latino White Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: \$ _____ Per: Week Every 2 Weeks Twice A Month Month Year Household Size: _____
 Categorical Eligibility: _____ Date Withdrawn _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Determining
 Temporary: Free _____ Reduced _____ Time Period: _____ (Expires after _____ days) Official's Signature: _____ Date: _____