

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION (one application per household)

PART 1. CHILDREN IN SCHOOL					
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #.		
			-		
			-		
			-		
			-		
PART 2. HOMELESS/MIGRANT/RUNAWAY - If the child you are applying for is homeless, migrant or a runaway, check the appropriate box and call the school office. HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>					
PART 3. FOSTER CHILD – If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child’s personal use monthly income: \$ _____. Skip to Part 5.					
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.					
1. NAME (List everyone in household)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				3. Check here if NO income
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example) Jane Smith</i>	\$200.00/weekly	\$150.00/bi-weekly	\$100.00/monthly	\$50.00/monthly	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
PART 5. SIGNATURE AND 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 his or her Social Security Number or mark the “I do not have a Social Security Number” box.					
<i>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.</i>					
Sign here: _____ Print name: _____ Date: _____					
Address: _____ Phone Number: _____					
City: _____ State: _____ Zip Code: _____					
Social Security Number: _____ - _____ - _____ <input type="checkbox"/> I do not have a Social Security Number					
PART 6. CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)					
Choose one ethnicity:		Choose one or more (regardless of ethnicity):			
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> Other
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: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____					
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____					
Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)					
Determining Official’s Signature: _____ Date: _____					
Confirming Official’s Signature: _____ Date: _____					
Verifying Official’s Signature: _____ Date: _____					