



School Year _____

SECTION 1 – ALL HOUSEHOLD MEMBERS

Names of <u>ALL</u> household members (First, Middle Initial, Last)	Name of school for each child/or indication "N/A" if child is not in school	Check if a foster child (legal responsibility of welfare agency 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"/>

SECTION 2 – BENEFITS

If any member of your household receives SNAP, TANF or FDPIR, 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: _____

SECTION 3 – CHILD STATUS

If any child you are applying for is Homeless, Migrant, or a Runaway check the appropriate box.

Homeless Migrant Runaway

SECTION 4 – TOTAL HOUSEHOLD INCOME. You must tell us how much and how often.

1. NAME (List only household members with income)	2. Gross Income and how often it is received.			
	Earnings from work BEFORE deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	<u>\$199.99/weekly</u>	<u>\$149.99/every other week</u>	<u>\$99.99/monthly</u>	<u>\$50.00/monthly</u>



SECTION 5 – PARENT/LEGAL GUARDIAN CERTIFICATION

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.**

I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that the school will qualify me for free, reduced or denied status based on the information I give. I understand that school officials may verify the information provided by requesting supporting financial documents. I understand that if I purposely give false information, my child(ren) may lose meal benefits.

Sign here: _____ Print Name: _____

Date: _____

Address: _____

Phone Number: _____

City: _____

State: _____ Zip Code: _____

Last four digits of Social Security Number: *** - ** - _____

I do not have a Social Security Number

SECTION 6 – STUDENT’S ETHNIC & RACIAL IDENTITIES (OPTIONAL)

<p><i>Choose one ethnicity:</i></p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p><i>Choose one or more (regardless of ethnicity):</i></p> <p><input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander</p>
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FOR OFFICE USE ONLY	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____	Household Size: _____
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	
Categorical Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	Date Withdrawn: _____
Reason: _____	
Determining Official's Signature: _____	Date: _____