Apply online: 2017-2018 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil). STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper) Homeless. Student? Foster Migrant, Child's Last Name Child's First Name Grade Definition of Household No Yes Child Runaway Member: "Anyone who is living with you and shares income and expenses, even apply if not related. all that a Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information. STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Case Number: NO > Go to STEP 3 If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Write only one case number in this space. STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) How often? A. Child Income Bi-Weekly 2x Month Monthly Child income Weekly Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) Are you unsure what income to include here? for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ Earnings from Work Child Support/Alimony the charts titled "Sources Name of Adult Household Members (First and Last) Weekly Bi-Weekly 2x Month Monthly Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly Weekly of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section Last Four Digits of Social Security Number (SSN) of **Total Household Members** Check if no SSN Χ Χ (Children and Adults) Primary Wage Earner or Other Adult Household Member STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT: "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Todav's date

Signature of adult

Printed name of adult signing the form

Sources of Inc	come for Children	So	Sources of Income for Adults				
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from			
- 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 benefits 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 					
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing		trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	allowances) - Allowances for off-base housing, food and dothing	- Strike benefits				
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/e are required to ask for information aboresponding to this section is optional and thinicity (check one):	does not affect your children's eligibility for fre	Black or African American	Native Hawaiian or Other	Pacific Islander			
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Do not fill out For School Use Only

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

Determining Official's Signature	ı	Date			Confirming Official's Signature	Date	Ve	rifying (Offici
	0	0	0	0	Categorical	Eligibility	0	0	0
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size		Free	Reduced	Denied
ŕ	How often?					Eligibility:			

Verifying Official's Signature Date