## 2019-2020 Application for Free and Reduced Price School Meals

\*\*If you received notification this school year that your child(ren) is approved for free meals

Complete one application per household. Please use a pen (not a pencil). INCOMPLETE APPLICATIONS WILL BE DENIED. - do NOT complete this form. 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 First Name MI Child's Last Name **School & District** Grade Definition of Household Yes No Child Runaway Member: "Anyone who is living with you and shares income and expenses, even 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 Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR Case Number: If NO CASE NUMBER > Go to STEP 3. If CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3) STEP 3

Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)

## How often? A. Child Income Weekly Bi-Weekly 2x Month Monthly Child income 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/ the charts titled "Sources Earnings from Work Bi-Weekly 2x Month | Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly Name of Adult Household Members (First and Last) Weekly 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. **Total Household Members** Last Four Digits of Social Security Number (SSN) of (Children and Adults) Х Χ Primary Wage Earner or Other Adult Household Member Check if no SSN

## STEP 4 Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household)

PROVIDE COMPLETED FORM TO THE SCHOOL

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alse information, my children may lose meal benefits, a	nd I may be prosecuted under applica	ble State and Federal laws."					
I certify (promise) that all information on this application	is true and that all income is reported	<ol> <li>I understand that this information is</li> </ol>	s given in connection with the receipt	of Federal funds, ar	nd that school officials may verify (check) the inform	ation. I am aware that if I pu	urposely give

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult			Today's date

Sources of In	come for Children	S	ources of Income for Ac	dults
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		Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits     Regular income from     trusts or estates     Annuities     Investment income     Earned interest     Rental income     Regular cash payments     from outside household
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:	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from	
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,	State or local government - Alimony payments - Child support payments	
Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	Veteran's benefits     Strike benefits	
sponding to this section is optional and inicity (check one): $\Box$ Hispanic or La	out your children's race and ethnicity. This info does not affect your children's eligibility for from	ee or reduced price meals.  Black or African American	Native Hawaiian or Other	Pacific Islander  White
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Date 1st Notice Sent: Date 2<sup>nd</sup> Notice Sent: Categorically Eligible Eligibility: How often? Reduced Denied **Total Income** Results: 

No Change  $\square R \rightarrow F$  $\Box F \rightarrow R$ **Household Size** Weekly Bi-Weekly 2x Month Monthly ☐ Ineligible – Reason: Date Date Date Confirming Official's Signature Verifying Official's Signature **Determining Official's Signature**