2014-2015 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS																			
Names of <u>all</u> household members (First, Middle Initial, Last)	each chi	Name of school and school grade level for each child/or indicate "NA" if child is not in school. School Grade								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.									
																		Income	
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Part 2. BENEFITS: If any member of your household receives SNAP or OWF benefits, provide the name and 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3. NAME:																			
Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway Runaway																			
Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.																			
_	2. GROSS I					•		IT V	N A S	DE	CEI	IVED				—			
	2. GRU33 I	INC			עט	HOW OF	ILIN	v			CEI						All Ot	her Income	
	Earnings		Weeks	Twice Monthly		Welfare, child support, alimony			Every 2 Weeks	Twice Monthly		Pensions, retirement,		Every 2 Weeks	Twice Monthly		(i	nclude	
	from work	Weekly	We	lon	Monthly			Weekly	We	lon	Monthly	Social	Weekly	We	Ion	Monthly	frequ	ency, such	
1. NAME	before	Vee	y 2	ie l	1on			, Ne	× 2	e	lon	Security,	Λеє	2 2	e l	lon	as "m	"weekly" nonthly"	
(List all household members with	deductions	_	Every	wic	2			>	ver	wic	2	SSI, VA	>	=ver	wic	2	"qı	uarterly"	
income)			Ш	T					ш	T		benefits		3	T			nually")	
(Example) Jane Smith	\$200					\$150						\$0					\$50	/ quarterly	
	\$					\$						\$					\$	/	
	\$					\$						\$					\$	/	
	\$					\$						\$					\$	/	
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	\$					\$						\$					\$	/	
Part 5. SIGNATURE AND LAST FOL	IR DIGITS	OF :	SOC	IAL	SE	CURITY	NUM	BE	R (A	DU	LTI	MUST SIGN)					l .		
An adult household member must sign																			
digits of his or her Social Security I on the back of this page.)	Number or	ma	rk th	e "I	do	not have	e a S	ocia	al Se	cur	ity	Number" bo	X . (S	See	Priv	acy	/ Act S	atement	
I certify (promise) that all information on	this annlicat	ion	is tri	ıe ai	nd t	hat all inc	ome i	s rei	norte	d I	und	lerstand that tl	10 S	choo	d wil	II as	t Fede	ral funds	
based on the information I give. I unders																			
of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.																			
Sign here: XPrint name:Date:																			
Address:	Phone Number:																		
Last four digits of your Social Security Number: 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):																			
☐ Hispanic/Latino ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American													ican						
☐ Not Hispanic/Latino ☐ White ☐ Native Hawaiian or other Pacific Islander																			
Don't 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: Date: Date:																			
Confirming Official's Signature: Date:																			
Follow-up Official's Signature: Date:																			
If selected for Verification, Date Verification Notice Sent: Response Date: 2 nd Notice Sent: Results Sent:																			
Verification Result: No Change						•													