

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)

Definition of Household Member: " Anyone who is living with you and shares income and expenses, even if not related."
 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

Legal First Name	MI	Legal Last Name	M	M	D	Y	Y	Grade	Is Student?	Yes	No	Foster Child	Homeless, Migrant, Runaway

2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Check the appropriate box below.

SNAP TANF If you DID NOT check one of the boxes to the left, complete SECTION 3. If you checked one of the boxes here then go to section 4. (DO NOT complete SECTION 3)

Case Number:

3 Report income for ALL Household Members (Skip this step if you completed SECTION 2)

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in Section 1 here.

B. All Adult Household Members (including yourself)
 List all Household Members not listed in Section 1 (including yourself) even if they did not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) 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.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance /Child Support/Alimony	Child Income	How Often ?	Pay from Pensions/Retirement/All Other Income	How Often ?
	\$	\$	\$	Weekly Bi-Weekly 2x-Month Monthly	\$	Weekly Bi-Weekly 2x-Month Monthly
	\$	\$	\$	Weekly Bi-Weekly 2x-Month Monthly	\$	Weekly Bi-Weekly 2x-Month Monthly
	\$	\$	\$	Weekly Bi-Weekly 2x-Month Monthly	\$	Weekly Bi-Weekly 2x-Month Monthly
	\$	\$	\$	Weekly Bi-Weekly 2x-Month Monthly	\$	Weekly Bi-Weekly 2x-Month Monthly
	\$	\$	\$	Weekly Bi-Weekly 2x-Month Monthly	\$	Weekly Bi-Weekly 2x-Month Monthly

4 WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE → Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member * * * * - - - - Check if no SSN

Contact Information and Adult Signature

"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."

Address City Zip Daytime Phone

Signature of adult Today's Date

Printed Name of adult signing the form Email Address