

Return Completed Application to:		(Insert School name, mailing address here)							
Part 1: Children in School									
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends			Grade				
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits									
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4									
Part 3: Total Household Gross Income – You must tell us how much and how often.									
1. Household Members		2. Gross Income (before taxes) and How Often it was Received							
List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.		Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income			
		Income	How often	Income	How often	Income	How often		
Total Number of Household Members: _____ (Children and Adults)		Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____				Check if no SSN <input type="checkbox"/>			
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.									
<i>"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."</i>									
Sign here: _____		Print name: _____		Date: _____					
Street Address (if available): _____			Zip: _____	Daytime Phone: _____					
Part 5: Children's Ethnic and Racial Identities – Optional									
Check one Ethnic Identity: – and – Check one or more Racial Identities:									
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or other Pacific Islander			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native					
Do Not Fill Out the Section Below - For School Use Only									
Annual Income Conversion: _____		Weekly X 52;		Every 2 weeks X 26;		Twice a month X 24;		Monthly X 12	
Total Household Size: _____		<input type="checkbox"/> Free <input type="checkbox"/> Income		<input type="checkbox"/> Reduced		<input type="checkbox"/> Denied		Reason for denial:	
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week		<input type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Foster Child				<input type="checkbox"/> Income too high		<input type="checkbox"/> Incomplete application	
Signature of Determining Official: _____				Date Approved: _____					
FOR THE VERIFICATION PROCESS ONLY:						Date Withdrawn From School: _____			
Signature of Confirming Official: _____				Date Confirmed: _____					
Signature of Verifying Official: _____				Date Verified: _____					