

Return Completed Application to: Crete Public Schools, 920 Linden Ave., Crete, NE 68333

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 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.	2. Gross Income (before taxes) and How Often it was Received					
	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

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"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."

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:**
 Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White 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: _____

Total Income: _____ per _____
 Year Month 2 X Mo Every 2 Wks Week

Free Reduced Denied
 Income Reason for denial:
 Categorically eligible: Income too high
 SNAP/TANF/FDPIR Incomplete application
 Foster Child

Signature of Determining Official: _____ Date Approved: _____
FOR THE VERIFICATION PROCESS ONLY:
 Signature of Confirming Official: _____ Date Confirmed: _____ Date Withdrawn From School: _____
 Signature of Verifying Official: _____ Date Verified: _____

Instructions for Completing the Free & Reduced Price School Meals Family Application

For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1:** List each child's name, the school they attend and their grade.
Part 2: Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.

For households with FOSTER CHILDREN, follow these instructions:

If all children in the household are foster children:

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.

If some of the children in the household are foster children:

- Part 1:** List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.
Part 2: If the household does not have a Master Case Number, skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1 – Household Members: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.
Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned before taxes and other deductions; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.
Earnings from Work includes the following: Salary, wages, cash bonuses. Net income from self-employment (farm or business). If you are in the U.S. Military, include: Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances). Allowances for off-base housing, food and clothing
Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.
Public Assistance/Child Support/Alimony includes the following: Unemployment benefits, Worker's compensation. Supplemental Security Income (SSI), Cash assistance from state or local government. Veteran's benefits (VA benefits), Strike benefits. Child support payments, Alimony payments.
Pensions/Retirement/All Other Income includes the following: Social Security payments (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 and *Regular* cash payments received from outside the household.
 If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.
Household Size: Enter the total number of people in your household.
Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.

For ALL other households, follow these instructions:

- Part 1:** List all children, the school they attend and their grade.
Part 2: If the household does not have a Master Case Number, skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1 – Household Members: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.
Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned before taxes and other deductions; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.
Earnings from Work includes the following: Salary, wages, cash bonuses. Net income from self-employment (farm or business). If you are in the U.S. Military, include: Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances). Allowances for off-base housing, food and clothing
Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.
Public Assistance/Child Support/Alimony includes the following: Unemployment benefits, Worker's compensation. Supplemental Security Income (SSI), Cash assistance from state or local government. Veteran's benefits (VA benefits), Strike benefits. Child support payments, Alimony payments.
Pensions/Retirement/All Other Income includes the following: Social Security payments (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 and *Regular* cash payments received from outside the household.
 If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.
Household Size: Enter the total number of people in your household.
Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.