



2016-2017 Free & Reduced Price School Meals Family Application

(Complete 1 application per household)

Part 1: Does any member of your household receive Food Stamps or Temporary Assistance?

No Yes Name: _____ Case Number: 00 _____
 (Fill out Part 2 completely) (Fill out Part 2: 1, 2, and 3 only and only for students)

Part 2: Please fill out the following table:

1. Name of everyone in household (if Part 1 is 'yes,' list students only)	2. Name of school building for each child/student. Indicate "N/A" if not in school.	3. Grade	4. Check if a foster child (the legal responsibility of a welfare agency or court)	5. Gross income amount and frequency of earning (per week, every 2 weeks, 2x/month, monthly, yearly)								6. Check if no income
				Earnings from work before deductions		Welfare, child support, alimony		Pension, SSI, social security, retirement, VA benefits		All other income		
				Amt.	Freq.	Amt.	Freq.	Amt.	Freq.	Amt.	Freq.	
			<input type="checkbox"/>									<input type="checkbox"/>
			<input type="checkbox"/>									<input type="checkbox"/>
			<input type="checkbox"/>									<input type="checkbox"/>
			<input type="checkbox"/>									<input type="checkbox"/>
			<input type="checkbox"/>									<input type="checkbox"/>
			<input type="checkbox"/>									<input type="checkbox"/>
			<input type="checkbox"/>									<input type="checkbox"/>

Part 3: Is any student you are applying for considered homeless, migrant, or runaway? No Yes

Part 4: An adult household member must sign the application. If Part 2 is completed, the adult signing the application must also list his/her last four digits of their social security number -or- check the "I do not have a social security number" box.

I certify that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify/check the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Signature: _____ Print Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Last 4 digits of social security number: *** - ** - ____ -or- I do not have a social security number

Part 5 (optional): Student's Ethnicity: American Indian/Alaskan Native Asian/Pacific Islander Hispanic Black, Non-Hispanic White, Non-Hispanic

OFFICE USE ONLY: Food Stamps/Temporary Assistance Household Size: _____ Total Income Per Year: _____

Eligibility: Free Reduced Denied Reason: _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____