

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.**

|  |   |           |   |           |   |           |
|--|---|-----------|---|-----------|---|-----------|
| <b>1. Household Members</b><br>List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed. | <b>2. Gross Income (before taxes) and How Often it was Received</b> |           |   |           |   |           |
|  | 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 |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |
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|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |

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: \_\_\_\_\_