

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	School Name for Each Child	SNAP or TANF case number for any member of the household. If you list a case number, skip to part 5. (If you get food stamps)	Check if NO income
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL MR. MATT SPLAIN, HOMELESS LIASON, MIGRANT COORDINATOR AT (814) 966-3212 EXT. 133
 HOMELESS MIGRANT RUNAWAY

PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's persona use monthly income \$ _____ Check if no income. Skip to Part 5

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	<u>\$199.99/weekly</u>	<u>\$149.99/every other week</u>	<u>\$99.99/monthly</u>	
	\$ ___/_____	\$ ___/_____	\$ ___/_____	\$ ___/_____
	\$ ___/_____	\$ ___/_____	\$ ___/_____	\$ ___/_____
	\$ ___/_____	\$ ___/_____	\$ ___/_____	\$ ___/_____
	\$ ___/_____	\$ ___/_____	\$ ___/_____	\$ ___/_____
	\$ ___/_____	\$ ___/_____	\$ ___/_____	\$ ___/_____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

I certify (promise) 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.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: *** - * * - ____ I do not have a Social Security Number