| ree & Reduced Price School Meals Fa Part 1: Children in School | y / pp | <u> </u> | note one applicat | ion per nouce | riola 7 ttaorii | 110111 0. 201 |
|---|--|---|--|---|---|----------------------------|
| 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 | Name of School Child Attends | | | Crada |
| | | foster child. | | | | Grade |
| | | | | | | |
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| | | | | | | |
| Part 2: SNAP, TANF or FDPIR Benefits | | | | | | |
| Enter MASTER CASE NUMBER if househo (Social Security numbers, Medicaid numbers and | | | | 4 | | |
| Part 3: Total Household Gross Income - ` | You must te | ll us how mu | ch and how of | ten. | | |
| Household Names Cross Income and How Often it was Received | | | | | | |
| List everyone in the household, the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income. 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 |
| | | | | | | |
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| Part 4: Signature and Social Security Nur | | | | | | |
| An adult household member must sign the applicate Social Security Number or mark the "I do not have if certify (promise) that all information on this application with the receipt of Federal funds and the last enformation, my children may lose meal beneficially here: Address (if available): | e a Social Seci ication is true a hat school offic | urity Number" be and that all inco cials may verify | ox (See Use of Ir me is reported. I (check) the infort | nformation Sta understand th mation. I am a State and Fe Da | ntement on pag nat this informa nware that if I p deral laws." | je 2). ition is given i |
| Social Security Number (last 4 digits): XXX – XXX- | | | | | Social Security | v Number |
| Part 5: Children's Ethnic and Racial Ident | | nal) | <u> </u> | do not nave a | Social Security | y Mullibel |
| Mark one Ethnic Identity: and <u>Mar</u> | | | ntitios: | | | |
| - | | Black or Afric | | | Native Hawa | alion or |
| • | | | dian or Alaskan | _ | other Pacifi | |
| <u>'</u> | | | | | other r dom | o iolariaci |
| DO NOT | Fill Out This | s Part - For S | chool Use Onl | у | | |
| Annual Income Conversion: Weekly X 52; | E | very 2 weeks X | 26; Twice | a month X 24 | ; Monthly X | (12 |
| Total Household Size: | | Free 🗅 | Date Withdra | wn from Scho | ol: | |
| Total Income: □ Year □ Month □ 2 X Mo. □ Every 2 Wks □ Week | per | Reduced Denied Denied | Reason for deni | | | |
| Categorically Eligible: SNAP/TANF/FDPIR Foster Child | | | ☐ Income too h | ii9ii 🚨 Inco | omplete Applicat | ion |
| Signature of Determining Official: | | | | D | ate approved: | |
| Signature of Confirming Official: | | | | D | ate confirmed: | |