APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

**SCHOOL USE ONLY**

☐ Check if Error Prone Application

## 1. All Household Members (Attach another sheet of paper if necessary.)

| NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last | (for Student only) School Name | (for Student only) Grade | SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income. | Check if Foster Child* |
|---|---|---|---|---|
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |

* A foster child is the legal responsibility of a welfare agency or court.

## 2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

## 3. Total Household Gross Income (before deductions) You must tell us how much and how often.

| A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME) | GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: $100/month; $100 /twice a month; $100/every other week; $100/week) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | B. Earnings From Work (Before Deductions) | | C. Welfare, Child Support, Alimony | | D. Pensions, Retirement, Social Security | | E. Worker's Comp., Unemployment, SSI, etc. (All other income) | |
| | Amount | How often? | Amount | How often? | Amount | How often? | Amount | How often? |
| i. | $ | | $ | | $ | | $ | |
| ii. | $ | | $ | | $ | | $ | |
| iii. | $ | | $ | | $ | | $ | |
| iv. | $ | | $ | | $ | | $ | |
| v. | $ | | $ | | $ | | $ | |

## 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

X X X - X X - _ _ _ _ Social Security Number

☐ **I do not** have a social security number.

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

*Date* _____ *Printed Name of Adult Household Member* _____ *Signature of Adult Household Member* _____

## 5. Contact Information (Optional)

*Work Telephone Number (Include Area Code)* _____ *Home Telephone Number (Include Area Code)* _____ *Home Address (Number, Street, City, State, Zip Code)* _____

## 6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ American Indian or Alaska Native

***– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –***

## *INITIAL DETERMINATION*

**TOTAL INCOME $** _____ **Per:** ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year **NUMBER IN HOUSEHOLD:** _____ **CHANGE IN STATUS:** _____ Date _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

☐ **Free based on:**
- ☐ homeless
- ☐ migrant
- ☐ runaway
- ☐ Head Start
- ☐ SNAP or TANF
- ☐ foster child
- ☐ household's income

☐ **Reduced based on:**
- ☐ household's income

☐ **Denied—Reason:**
- ☐ income too high
- ☐ incomplete application
- ☐ Non-qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official _____ Date: _____