

Las Cruces Public Schools

Turn in form to cashier or cafeteria manager only. If you need assistance, call (575)527-5995

FREE & REDUCED MEALS / SNACKS HOUSEHOLD APPLICATION

2019-2020



F <input type="checkbox"/>	R <input type="checkbox"/>	P <input type="checkbox"/>	I <input type="checkbox"/>

A. HOUSEHOLD MEMBERS (ONLY ONE APPLICATION PER HOUSEHOLD)

Print Names of All Household Members
(students as registered on School Records)

GROSS INCOME (BEFORE DEDUCTIONS AND TAXES)	TANF CHILD SUPPORT ALIMONY	Payments from Pension, Retirement, Social Security	Any Other Income
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***INDICATE HOW OFTEN PAID *WEEKLY/BI-WEEKLY/SEMI-MONTHLY/MONTHLY/ANNUAL**

	Last Name	First Name	CHILD'S SCHOOL	CHILD'S GRADE	CHILD'S INCOME	HOMELESS MIGRANT RUNAWAY	JOB 1 *	JOB 2 *			
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
8	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL Number of Household Members: _____

Approval of Application will not remove Negative Balance Charges!

B. FOSTER CHILD: If this application is for a child who is the legal responsibility of a welfare agency or court, check here: <input type="checkbox"/>	List the amount of the child's personal use monthly income \$ _____ Write "0" if the child has no personal use income. (Use a separate application for each foster child)
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If any member of your household receives Benefits from the Programs (SNAP, FDPIR, or TANF CASH ASSISTANCE). Write down the name and case number of the person receiving the benefits.

Name: _____ Case Number: _____

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct 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 under applicable state and federal laws.

C. SIGNATURE: An adult household member **MUST** sign the application and enter the last four digits of the social security number before it can be accepted.

ADULT SIGNATURE	PRINTED ADULT NAME	<input style="width: 80%; height: 100%;" type="text"/>	You must include the last four digits of your social security. I do not have a social security number <input type="checkbox"/>
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Home / Cell	Work Telephone	Home / Mailing Address	Zip Code	DATE SIGNED
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