APPLICATION FOR FREE MILK/MEALAND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.											SCHOOL USE ONLY					
1. All Household Members (Atta	ich another s	heet of pape	r if necessary.)			77							ne Application		
NAMES OF ALL HOUSEHOLD MEMBEF First, Middle Initial, Last	RS (for Student on School N					SNAP OR TANF CASE NUMB 4 if you list a SNAP or TANF case nun TANF must be provided below. If you not directly certified for free meals, you household size and income.						nber. At least one SNAP/ receive Medicaid and were				
		2000														
	-	****														
		and a second														
244				u 4												
2. Homeless, Migrant, Runaway, Homeless Migrant R		t (Categorica Head Start	lly eligible)	School Homeles	s Liaisoi	n, Migra								agency or court.		
3. Total Household Gross Incom	e (before ded	uctions) You	must tell us h	ow much	and l	now (often		00/	o othor	wook: C	100huos	nk)			
NAMES	GROSS INCOME	AND HOW OFTEN	IT WAS RECEIVED (
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings (Before I	From Work Deductions)		e, Child , Alimony	D	D. Pensions, F Social S					E. Worker's Co ment, SSI, etc. (s Con etc. (A	np., Unemploy- II other income)		
	Amount	How often?	Amount	How often	?	Amount			How often?		Amount			How often?		
	\$		\$		\$	5					\$					
i.	\$	-	\$		\$	5					\$					
	\$	<u> </u>	\$		\$				- A - A	7	\$					
il.	\$		\$		-	6			-		\$					
V.								_			s					
<i>i</i> .	\$		\$		3	>					•					
An adult household member must sign signing the form must also list the last for mark the I do not have a social security certify (promise) all information on this appositionals may verify (check) the information on the security (check) the information of the security (check) the information of the security (check) the security of t	lication is true and	d all income is rer	orted Lunderstan	d the school w	rill aet l	edera	al fund	s base neal be	donth enefit	ne infoi s and	matio I may	n I give ' be pr	.lund osec	lerstand school uted.		
Date	Printed Name of Adult Household Member Signature of Adult Household Member															
5. Contact Information (Optiona Work Telephone Number (Include Area		Telephone Nun	nber (Include Are	a Code)	Н	ome A	Addre	ss (Nu	ımber	Stree	et, Cit	y, Stat	e, Zij	o Code)		
Work Telephone Number (molude Area		TOTOPHONO TVAN	, and the same of											1		
6. Children's Racial and Ethnic Mark one ethnic identity:			racial identities:													
☐ Hispanic/Latino☐ Not Hispanic/Latino	<u> </u>	∃ Asian ∃ White	☐ Black or A			lative] Nati	ve Ha	waiia	n or C	other F	acific	c Islander		
	– THE FO	OLLOWING S	ECTIONS ARE	FOR SCH	IOOL	. USE	ON	LY-								
INITIAL DETERMINATION		The South of Control and Control Control	general programme in the state of the control of th	***************************************	* 1											
TOTAL Per: V	Every 2 Veek Weeks	Twice a Month	Month 1	NUMBE /ear HOUSE				HANGE TATUS:_					D	ate		
LEAs must annualize income only when mu Annual Income Conversion Weekly X 52	Itiple incomes, at v Every 2 Week	varying frequencies S X 26 Twice a	es, are reported. Month X 24 Or	nce a Month I	X 12											
☐ migrant ☐ fost	AP or TANF er child sehold's income		old's income	Denied—Re □ income to □ incomple □ Non-qual	oo hig te app	h olicatio	on TANF			Date W	/ithdraw	n:				
		Signature of	Setermining Official													