APPLICATION FOR FREE MILK/MEAL AND RE	DUCED-PRICE ME	ALS—Complete C	ne Application Per H	ousehold Per S	chool D	istrict. Ir	structi	ons on	back.	er kerker Standard	- S(	HOOLUS	E ONLY
1. All Household Members (At	tach another	sheet of pap	er if necessar	·y.)									rone Application
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last		(for Student only)			SNAP OR TANF CASE NUME 4 if you list a SNAP or TANF case num TANF must be provided below. If you i not directly certified for free meals, you household size and income.					<b>3ER ONLY</b> Skip to Part nber, At least one SNAP/ receive Medicaid and were u <u>MUST</u> apply based on			Gheck If Foster Child*
41-4-4-4						.		·					
					<u> </u>								
				<u> </u>								بِــلــِ	are agency or court.
2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)  Homeless Migrant Runaway Head Start Signature of Your School Homeless Elalson, Migrant Coordinator, or Head Start Director Date													
3. Total Household Gross Income (before deductions) You must tell us how much and how often.													
	GROSS INCOME	AND HOW OFTE	N IT WAS RECEIVED	(Example: \$100	)/month	; \$100 /h	wice a r	nonth;	\$100/ev	ery othe	er week	\$100/week	)
NAMES A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings	From Work eductions)		e, Child , Alimony	D. Pensions, Retirement, Social Security				E. Worker's Comp., Unempl ment, SSI, etc. (All other inco				
	Amount	How often?	Amount	How often							Amount		How often?
i.	\$	4.700	\$			\$	···				\$		
II.	\$		\$		;	\$		-			\$		
iii,	\$		\$		;	<del></del> \$		$\top$			\$		
lv.	\$		\$			\$		+			\$		
v.	\$		\$			\$		+			\$		
v.	<u> </u>												
4. Signature and Social Security				<u> </u>	×	X						not have	a social
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 1 do not have a social security number box.													
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 Men	ber		Şig	natur	e of A	dult F	louse	hold N	1ember	
5. Contact Information (Options Work Telephone Number (Include Area		Felephone Num	ber (Include Area	a Code)	Н	оте Ас	ldres	s (Nu	mber,	Stree	t, City	, State, Z	ip Code)
6. Children's Racial and Ethnic	Identities (O	ptional)											
Mark one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino	Ma □ □	Asian	racial identities: ☐ Black or Af ☐ American I			ative		Nativ	/e Hav	waiian	or OI	her Pacif	ic Islander
	∟THE FC	LLOWING S	ECTIONS AR	E FOR SC	нос	L US	E OI	IĽY.			i de		
INITIAL DETERMINATION				· · · · · · · · · · · · · · · · · · ·									
TOTAL INCOME \$ Per: W	Every 2 eek 🔲 Weeks	Twice a	☐ Month ☐ Y	NUMBE ear HOUSE				ANGE ATUS:_	IN				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													
☐ migrant ☐ fos	IAP or TANF ster child usehold's incom		based on: [ ehold's income	☐ Denied—☐ Incom☐ Incom☐ Non-q	e too plete	high applica	ation \P/TA	NF	[	Date Wi	ihdrawr	18	
		Signature of De	termining Official						_ '	Date; _			