

**Complete one application per household. Use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted. Date Received**

<p><b>STEP 2</b></p> <p><b>Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, or FDIPIR?</b></p> <p>Check one: <input type="checkbox"/> Yes/ <input type="checkbox"/> No    If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4. (Do not complete STEP 3).</p>	
<p>Write only one case number in this space. Medicaid, Title XIX &amp; EBT card numbers are <u>not</u> acceptable.</p>	<p>Case Number:                      -                      -                      -</p> <p>To Apply On-Line go to: <a href="https://gtschools.k12.ia.us">gtschools.k12.ia.us</a></p>

Are you unsure what income to include here? Please read How to Apply for Free and Reduced Priced School Meals for more information.						
(SSN) of Adult Household Member: XXX-XX-		(adult):				
D. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here.	Total Income Received by All Children	How Often?				
		Weekly	Bi-weekly	2x Month	Monthly	Yearly
E. All Adult Household Members (include yourself). List all Household Members not listed in STEP 1 even if they do not receive income, if they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

**STEP 4** **Contact Information and Adult Signature**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form		Printed name of adult completing the form		Today's Date	
Street Address (if available)		Apt #	City	State	Zip

Street Address (if available)	Apt. #	City	State	Zip	Daytime Phone (optional)	Email (optional)
<b>DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY</b>						
Application #:				Date Received by SFA:		
Annual Income Conversion	<input type="checkbox"/> Weekly x52	<input type="checkbox"/> Bi-Weekly x26	<input type="checkbox"/> Twice Monthly x24	<input type="checkbox"/> Monthly x12	<input type="checkbox"/> Yearly	
Household Size:				Annual Household Income: \$		
Application Approval	<input type="checkbox"/> Income	<input type="checkbox"/> Foster Child	<input type="checkbox"/> FIP/ SNAP	<input type="checkbox"/> Head Start (documentation required)	<input type="checkbox"/> Homeless/Migrant/Runaway-Local Official Documentation Required	
Eligibility Determination	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Free Milk	Application Denied:	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Over Income Limits

Signature & Effective Date of Determining Official	Signature & Date of Confirming Official	Signature & Date of Follow-Up