FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)			
Names of household members (First, Middle Initial, Last)	School Name for Each Child	**[State SNAP], [FDPIR]** or **[State TANF]** case number for any member of the household. If you list a case number, skip to Part 5	Check if NO income
			❑
			❑
			❑
			❑
			❑
			❑
PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #] ❑ HOMELESS ❑ MIGRANT ❑ RUNAWAY			❑
Part 3. Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ❑ and then list the amount of the child's personal use monthly income: $_____. ❑ Check if no income. Skip to Part 5.			❑
Part 4. Total Household Gross Income. You must tell us how much and how often			❑

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	**$199.99/weekly**	**$149.99/every other week**	**$99.99 /monthly**	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /

PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)