

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form per household, sign your name and return it to \_\_\_\_\_ Call \_\_\_\_\_ if you need help. For additional names, list on a sheet of paper.

**1. CHILDREN IN SCHOOL:** (Complete a separate application for each foster child or use the Single Child Application.)

Children's Names (Last, First, MI)	Grade/Teacher	School

**2. FOSTER CHILD:** If the above named child is the legal responsibility of a welfare agency or court, check this box.   
 List the child's personal use income: \_\_\_\_\_ (Write "0" if the child has no personal use income.) Skip to Part 5.

**3. HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF):** Complete this section and sign the application in Part 5 OR submit a Direct Certification letter from the Office of Temporary and Disability Assistance or Food Distribution Program on Indian Reservations (FDPIR). Complete a separate application for children with a different case number or no case number. Write your case number as provided on your benefit letter, not the number on your benefit card.  
 Food Stamp Case #: \_\_\_\_\_ TANF/FDPIR Case #: \_\_\_\_\_

**4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME:** If you did not give a food stamp or TANF case number, or submit a Direct Certification letter, complete this part and all of part 5.

Show how often each amount is received. See Examples →	CURRENT INCOME/PAY PERIOD			
	Examples: \$100.29/weekly, \$100.29/bi-weekly, \$100.29/2x per month, \$100.29/monthly If pay period is not noted, the reviewing official will process the reported income amount as received WEEKLY.			
List the names of everyone in your household <i>All Adults + All Children</i>	Earnings From Work Before deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**5. SIGNATURE:** An adult household member MUST sign the application before it can be approved.  
 I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws, and my children may lose meal benefits.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

SOCIAL SECURITY NUMBER: If Part 4 is completed, the adult who signs the application must provide his/her Social Security number.

**DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY**

ANNUAL INCOME CONVERSION (ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATIONS): WEEKLY X 52; EVERY 2 WEEKS X TWICE A MONTH X 24; MONTHLY X 12

FOOD STAMP, TANF, Foster Child  
 INCOME HOUSEHOLD: Total Household Income/Frequency: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_  
 Application APPROVED for:  Free Meals  Reduced Price Meals  
 Temporary Free (expires in 45 days) \_\_\_/\_\_\_/\_\_\_  Application DENIED  
 Date Notice Sent: \_\_\_\_\_ Signature of Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_