PPLICATION 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 (Attach another sheet of paper if necessary.)														e Application					
NAMES OF ALL HOUSEHOLD MEMBER: First, Middle Initial, Last		(for Student only) School Name				or Student only) Grade	SNAP OR TANF CASE NUMB 4 if you list a SNAP or TANF case nur TANF must be provided below. If you not directly certified for free meals, yo household size and income.					BER (mber. A receive ou MUS	ONLY s it least of Medica I apply	Check If Foster Child*					
*A foster child is the legal responsibility of a welfare agency or court. 2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible) Homeless Migrant Runaway Head Start Signature of Your School Homeless Liaison. Migrant Coordinator, or Head Start Director Date																			
3. Total Household Gross Income	3. Total Household Gross Income (before deductions) You must tell us how much and how often. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /kwice a month; \$100/every other week; \$100/week)																		
NAMES	GROSS INC									ith; \$100 /twice a month; \$100/every o					her week; \$100/week)				
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)			C. Welfare, Support, A							Retirement, Security		E. Worker's Comp., ment, SSI, etc. (All o			., Unemploy- other income)			
	Amoun			Amount		How often?	+	Amo			low ofte	n?		mount	Ť	How often?			
i.	\$		5	5			\$			T			\$						
ii.	\$			3	\top		\$			1			\$		\top				
iii.	\$			3	+		\$			+-			\$		\top				
iv.	\$			 5	+		s			+-			\$		\dashv				
V.	\$						- s			+			\$		+				
v.													-		بلن				
4. Signature and Social Security	lumber (Adult must	t sign)																
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 <i>I</i> do not have a social security number box. Icertify (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	Pr	inted Name o	of Adult Ho	ousehold M	lember			Sig	natur	e of A	dult H	ousel	nold M	embe	r				
5. Contact Information (Optional) Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)																			
6. Children's Racial and Ethnic Identities (Optional)																			
Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino	rk one ethnic identity: Mark one or more racial identities: Hispanic/Latino Asian Black or African American Native Hawaiian or Other Pacific Islander														slander				
	- THE	FOLLOWII	NG SEC	TIONS AF	RE FO	R SCH	OOL	USE	ONL	Υ									
INITIAL DETERMINATION																			
TOTAL Per: Wee	Eve k 🔲 Wee			Month _] Year	NUMBER HOUSEH	R IN IOLD:			ANGE II	N				_ 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																			
Free based on:		ome	ousehold's			edReas come too complete on-qualify	high appl	ication				ate With	ndrawn:						