

2019-2020 Thornton Academy Free Meal Program Application

Step 1: STUDENT INFORMATION List all students living in the household

_____	_____	M.I.	_____	_____	_____	_____
Student Last Name	Student First Name		Grade	Foster Child	Stage Agency Client	
_____	_____	M.I.	_____	_____	_____	_____
Student Last Name	Student First Name		Grade	Foster Child	Stage Agency Client	
_____	_____	M.I.	_____	_____	_____	_____
Student Last Name	Student First Name		Grade	Foster Child	Stage Agency Client	
_____	_____	M.I.	_____	_____	_____	_____
Student Last Name	Student First Name		Grade	Foster Child	Stage Agency Client	

Step 2: BENEFITS If any members of your household receive SNAP, TANF or FDPIR assistance provide the case number and name of person receiving these benefits. You may skip step 3.

Name: _____

_____ **SNAP or TANF Number** **Letter**

STEP 3: INCOME TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS _____

ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income
ANNUAL INCOME CONVERSION: WEEKLY X 52, BI-WEEKLY X 26, SEMI-MONTHLY X 24, MONTHLY X 12

All Other Household Members	Monthly Earnings from work (before deductions) Job 1	Monthly welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income	Check if NO Income
1.					
2.					
3.					
4.					
5.					

STEP 4: Required

(Initial) _____ All outstanding balances have been settled.

(Initial) _____ I have reviewed the Free Meal Program Important Information and Free Meal Plan Options with my child(ren).

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits.

_____ Parent/Guardian Signature _____ Parent/Guardian Printed Name _____ Date

Return Completed Application To: Thornton Academy ATTN: Finance 438 Main Street, Saco, Maine 04072

For School Use Only: SNAP/FDPIR/TANF household categorically eligible free: ___Yes ___No

Total monthly income: \$ _____ Lunch Balance \$ _____ Approved: _____ Denied: _____

_____ Signature _____ Printed Name _____ Date