

FREE AND REDUCED PRICE SCHOOL MEALS – HOUSEHOLD APPLICATION

Part 1. Children in School (Include foster children)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade or ID Number	Check if a foster child
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2. If any member of your household receives NJ SNAP (food stamps) or TANF, provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 4.

Name _____ Case Number _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator. Homeless Migrant Runaway

**Part 4. Total Household Gross Income - You must state how much and how often for each person:
List Gross Income and how often received.**

Example: \$100/monthly, \$100/twice monthly, \$100/every other week, \$100/weekly

Name: (List everyone in household – include students listed above)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirements, Social Security	All Other Income	Check, if No income
1.	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	<input type="checkbox"/>
2.	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	<input type="checkbox"/>
3.	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	<input type="checkbox"/>
4.	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	<input type="checkbox"/>
5.	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	<input type="checkbox"/>
6.	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	<input type="checkbox"/>
7.	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	How often? \$ ____/____	<input type="checkbox"/>

Part 5. Signature (Adult must sign)

An adult household member must sign the application. I certify (promise) that all the information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print Name: _____ Date: _____

School Use only:

Total Income: _____ Per: Week, Every 2 weeks, twice a month, Month, Year
 Household Size: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____