APPLICATION FOR FREE MILK/MEAL AND 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.)																	
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last (for Student only) School Name					(for Student only) Grade	4 if you list a SNAP or TANF case number. At least one SNAP/ Foste								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)																	
		lead Start			nool Homeless				inator,	or Head	Start D	irector			Date		
3. Total Household Gross Income (before deductions) You must tell us how much and how often.																	
	GROSS INCOME	AND HOW OFTEN I	T WAS RECEI	VED (Exa	mple: \$100/m	onth; \$	100 /twi	ce a mor	nth; \$10	0/every	other v	/eek; \$1	00/weel	k)			
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings (Before D		Velfare, ipport, A						Retirement, Security			E. Worker's Comp., Unen ment, SSI, etc. (All other in					
	Amount	How often?	Amount		How often?		Amount		H	How often?		Amount			How often?		
i.	\$		\$			\$	3					\$					
ii.	\$		\$			\$	3					\$					
iii.	\$		\$			\$	3					\$					
iv.	\$		\$			\$	3					\$					
V.	\$		\$			\$	3		+			\$					
<u> </u>																	
4. Parent/Guardian Certification of	f Information	and Signatu	ıre														
I understand that if I do not currently receive SNAP or TANF benefits I must provide a copy of my 2020 US Income Tax Form 1040. I certify that all information provided on this application is true and all income is reported. I understand school officials may verify the information. I understand if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted. Date Printed Name of Adult Household Member Signature of Adult Household Member																	
Signature of Addit Florascriptic Michigal Signature of Addit Florascriptic Member																	
5. Contact Information																	
Mobile Phone Number (Include Area Code) Home Phone Number (Include Area Code) Home Address (No.							ss (Nu	mber, Street, City, State, Zip Code)									
Parent/Guardian E-mail Address																	
– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –																	
INITIAL DETERMINATION																	
TOTAL Per: We	Every 2 ek Weeks	Twice a	Month	Year	NUMBER HOUSEH				NGE 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																	
migrant foster	☐ homeless ☐ SNAP or TANF ☐ household's income ☐ income too high ☐ migrant ☐ foster child ☐ incomplete application ☐ runaway ☐ household's income ☐ Non-qualifying SNAP/TANF																
		Signature of De	etermining Of	fficial							ate:						