APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT

Complete one application per household, per school district. Instructions on the back of this form.

SCHOOL USE ONLY
☐ Check if Error Prone Application

1. All Household Members (Attach another sheet of paper if necessary)

NAMES OF ALL HOUSEHOLD MEMBERS (Include school name and grade if household member is a student.)			SNAP OR TANF CASE NUMBER ONLY Skip to part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income.	Check if Foster Child*
First, Middle Initial, Last	School Name	Grade		
				☐
				☐
				☐
				☐
				☐
				☐

* 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 (before deductions). You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: $100/month; $100/twice a month; $100/every other week; $100/week)							
	B. Earnings from Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. All Other Income (Worker's Comp., SSI, Unemployment, etc.)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	$		$		$		$	
ii.	$		$		$		$	
iii.	$		$		$		$	
iv.	$		$		$		$	
v.	$		$		$		$	

4. Signature and Social Security Number (Adult Must 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 box if they do not have a social security number.

X X X - X X - ___ ___ ___ ___ OR ☐ I **do not** have a social security number.
Social Security Number

I certify (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 _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____

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 Ethnic and Racial Identities (optional)

Mark one ethnic identity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:
☐ Asian
☐ Black or African American
☐ White
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

– THIS SECTION IS FOR SCHOOL USE ONLY –

INITIAL.DETERMINATION

TOTAL INCOME $ _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ DATE _____

LEAS must annualize income ONLY when multiple incomes at varying frequencies are reported.

Annual Income Conversion:	Weekly	Every 2 Weeks	Twice a Month	Once a month
	$ _____ x 52 = $ _____	$ _____ x 26 = $ _____	$ _____ x 24 = $ _____	$ _____ x 12 = $ _____

☐ **Free based on:**
- ☐ Homeless
- ☐ Migrant
- ☐ Runaway
- ☐ Head Start
- ☐ SNAP or TANF
- ☐ Foster Child
- ☐ Household's Income

☐ **Reduced based on:**
- ☐ Household's Income

☐ **Denied – Reason**
- ☐ Income too high
- ☐ Incomplete Application
- ☐ Non-Qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official _____ Date: _____