2024 - 2025 Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 — List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless**, **Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 — Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 — Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

If you have any questions or concerns filling the required boxes, please call the Mingus Union High School Nutrition Department at (928) 634-7531, or email address listed on this form.

Alternatively, all info related to filling out this application can be found on our website.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income $ ____ How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○
	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○
	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○
	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

C. Total Household Members ____

(This box MUST match all the names on the application)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X ____

Check if no SSN ☐

STEP 4 — Contact information and adult signature — Return Completed Form to MUHS or email a copy to clomeli@muhs.com

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form _____ Today's date _____ Daytime Phone _____

Printed name of adult completing the form _____ Email Address if you want confirmation by email _____

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

❑Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ **Date:** _____

❑**Case # Application** ❑**Foster Application** ❑**Directly Certified: Date of Disregard**: _____

❑**Income Application** ❑**Homeless/Migrant/Runaway**

Household Size: _____

Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ **Selected For Verification:** Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____