

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

COMPLETE ONE APPLICATION PER HOUSEHOLD, PER SCHOOL DISTRICT  
See instructions included with this form

**School Use Only**
☐ Check if Error Prone

**PART 1 List names of all Household Members** (anyone who is living with you and shares income and expenses, even if not related, including you.) Attach another sheet of paper if you need space for more names.

| Household Member<br>First, Middle Initial, Last | If the household member is a student, include school name and grade level<br><br>School Name | Grade | Do any household members (including you) participate in SNAP or TANF?<br>NO → Go to STEP 2<br>YES → Write case number and proceed to STEP 4<br>SNAP or TANF Case Number* | Check if Foster Child**  |
|-------------------------------------------------|----------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|                                                 |                                                                                              |       |                                                                                                                                                                          | <input type="checkbox"/> |
|                                                 |                                                                                              |       |                                                                                                                                                                          | <input type="checkbox"/> |
|                                                 |                                                                                              |       |                                                                                                                                                                          | <input type="checkbox"/> |
|                                                 |                                                                                              |       |                                                                                                                                                                          | <input type="checkbox"/> |
|                                                 |                                                                                              |       |                                                                                                                                                                          | <input type="checkbox"/> |
|                                                 |                                                                                              |       |                                                                                                                                                                          | <input type="checkbox"/> |

\* **Note regarding Medicaid:** Medicaid case numbers are not accepted on the household application. If any household members receive Medicaid – and were not directly certified for free meals – you MUST provide income information on PART 3 of this application.

\*\* A foster child is the legal responsibility of a welfare agency or court.

**PART 2 Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)**

Check all that apply:

☐ Homeless    ☐ Migrant    ☐ Runaway    ☐ Head Start

Signature of your school Homeless Liaison,  
Migrant Coordinator, or Head Start Director

Date

**PART 3 Total Household Gross Income (before deductions). You must tell us how much income is received and how often.**

List all household members from STEP 1 (including yourself) who receive income. For each source of income, report the total amount of gross income (before taxes and deductions) in whole dollars (no cents) and tell us how often the income is received – *every week, every 2 weeks, every month, twice a month, yearly, etc.*

| Name of Household Member who Receives Income | Earnings from Work<br>(Before Deductions) | Welfare, Child Support, Alimony  | Pensions, Retirement, Social Security | All Other Income<br>(Worker's Comp., SSI, Unemployment, etc.) |
|----------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------------|---------------------------------------------------------------|
|                                              | Amount _____<br>How Often? _____          | Amount _____<br>How Often? _____ | Amount _____<br>How Often? _____      | Amount _____<br>How Often? _____                              |
|                                              | Amount _____<br>How Often? _____          | Amount _____<br>How Often? _____ | Amount _____<br>How Often? _____      | Amount _____<br>How Often? _____                              |
|                                              | Amount _____<br>How Often? _____          | Amount _____<br>How Often? _____ | Amount _____<br>How Often? _____      | Amount _____<br>How Often? _____                              |
|                                              | Amount _____<br>How Often? _____          | Amount _____<br>How Often? _____ | Amount _____<br>How Often? _____      | Amount _____<br>How Often? _____                              |
|                                              | Amount _____<br>How Often? _____          | Amount _____<br>How Often? _____ | Amount _____<br>How Often? _____      | Amount _____<br>How Often? _____                              |

**PART 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.

Social Security Number: X X X - X X - \_\_\_\_\_ OR ☐ I do not have a 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.*

Printed Name of Adult Household Member \_\_\_\_\_

Signature of Adult Household Member \_\_\_\_\_

Date \_\_\_\_\_

**PART 5 Contact Information (optional)**

Work Telephone Number  
(include area code) \_\_\_\_\_

Home Telephone Number  
(include area code) \_\_\_\_\_

Home Address (Number, Street, City, State, Zip Code) \_\_\_\_\_

**PART 6 Children's Ethnic and Racial Identities (optional)**

Mark one ethnic identity:

☐ Hispanic/Latino

☐ Not Hispanic/Latino

Mark one or more racial identities:

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ White

**THIS SECTION IS FOR SCHOOL USE ONLY****INITIAL DETERMINATION**

TOTAL INCOME \$ \_\_\_\_\_ NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_

Per: Week Every 2 Weeks 2x per Month Month Year

DATE: \_\_\_\_\_

**ANNUAL INCOME CONVERSION:**

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

|                                    |                                           |                                          |                                          |
|------------------------------------|-------------------------------------------|------------------------------------------|------------------------------------------|
| Weekly<br>\$ _____ x 52 = \$ _____ | Every 2 Weeks<br>\$ _____ x 26 = \$ _____ | 2x per Month<br>\$ _____ x 24 = \$ _____ | Once a Month<br>\$ _____ x 12 = \$ _____ |
|------------------------------------|-------------------------------------------|------------------------------------------|------------------------------------------|

**Total Annual Income \$** \_\_\_\_\_

☐ **FREE**

Based On:

☐ Homeless

☐ SNAP or TANF

☐ Migrant

☐ Foster Child

☐ Runaway

☐ Household

☐ Head Start

Income

☐ **REDUCED**

Based On:

☐ Household Income

☐ **DENIED**

Reason:

☐ Income too high

☐ Incomplete Application

☐ Non-Qualifying SNAP/TANF

Date Withdrawn \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_

Date \_\_\_\_\_

Signature of Confirming Official \_\_\_\_\_

Date \_\_\_\_\_

Print

Reset Form