

Return Completed Application to: \_\_\_\_\_ (Insert School name, mailing address here)

**Part 1: Children in School**

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

**Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: \_\_\_\_\_  
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Total Number of Household Members: \_\_\_\_\_ (Children and Adults)  
Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – \_\_\_\_\_ Check if no SSN

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

"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."

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address (if available): \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Part 5: Children's Ethnic and Racial Identities – Optional**

Check one Ethnic Identity: – and – Check one or more Racial Identities:  
 Hispanic or Latino       Asian       Black or African American       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino       White       American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:      Weekly X 52;      Every 2 weeks X 26;      Twice a month X 24;      Monthly X 12

Total Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ per \_\_\_\_\_  
 Year     Month     2 X Mo     Every 2 Wks     Week

Free       Denied  
 Income      Reason for denial:  
 Categorically eligible:       Income too high  
 SNAP/TANF/FDPIR       Incomplete application  
 Foster Child

Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
**FOR THE VERIFICATION PROCESS ONLY (Verification Not Required in MILK ONLY Programs)**  
 Signature of Confirming Official: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_  
 Signature of Verifying Official: \_\_\_\_\_ Date Verified: \_\_\_\_\_  
 Date Withdrawn From School: \_\_\_\_\_