

Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted.

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach the supplemental worksheet.)

Child's First Name	MI	Child's Last Name	Date of Birth	Student? Yes No	Child's School	Grade	Foster - 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: Food Assistance, FIP, or FDPIR?
Circle one: Yes / No No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).

Write only one case number in this space. Medicaid, Title XIX & EBT card numbers are not acceptable.

Case Number: _____

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

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here. Total Child Income: \$ _____ Monthly: _____

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) 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. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet.

Name of Adult Household Member (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income	Total Adult Income
	Weekly: _____ Monthly: _____ Annually: _____	Weekly: _____ Monthly: _____ Annually: _____	Weekly: _____ Monthly: _____ Annually: _____	Weekly: _____ Monthly: _____ Annually: _____

F. Total Household Members (Children and Adults) _____

G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member _____

Check if no SSN:

STEP 4 Contact Information and Adult Signature

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.

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

Daytime Phone (optional): _____ Email (optional): _____

Printed name of adult completing the form: _____ Signature of adult completing the form: _____ Today's date: _____

DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Household Income: \$ _____

Application Approved: Income Foster Child FIP/Food Assistance Head Start (documentation required) Homeless/Migrant/Runaway-Local Official Documentation Required

Eligibility Determination: Free Reduced Free Milk Application Denied: Incomplete Over income limits

Determining Official: _____ Effective Date: _____ Date: _____

Confirming Official: _____ Date: _____ Follow-up Signature: _____ Date: _____