# Application for Free and Reduced-Price School Meals

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

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

☐ Application is complete — Determining Official's Signature: _____ Date: _____

Determined Eligibility: ☐ FREE ☐ REDUCED ☐ PAID ☐ ERROR-PRONE?

☐ Selected for Verification — Confirming Official's Signature: _____ Date: _____

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

NOTES: _____

## 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 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. Read How to Apply for Free and Reduced-Price School Meals for more information.

| Child's First Name | MI | Child's Last Name | Check box if child is a student at [DISTRICT/ SCHOOL NAME] | Check box if child is a Foster Child or is Homeless, Migrant, or Runaway: Foster Child | Homeless, Migrant, Runaway |
|---|---|---|---|---|---|
| DREW | | HAMPTON | ☐ | ☐ | ☐ |
| BRETT | | HAMPTON | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

☒ SNAP ☐ TANF ☐ FDPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space.

Case Number: 856210

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

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

### A. Child Income

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

Child income $ ____ How often? Weekly ○ Bi-Weekly ○ 2x Month ○ 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 income 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) | Earnings from Work | How often? Weekly / Bi-Weekly / 2x Month / Monthly | Public Assistance/ Child Support/Alimony | How often? Weekly / Bi-Weekly / 2x Month / Monthly | Pensions/Retirement/ All Other Income | How often? Weekly / Bi-Weekly / 2x Month / Monthly |
|---|---|---|---|---|---|---|
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |

**C. Total Household Members (Children and Adults)** ____

**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

"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 and Email (optional) _____

Printed name of adult completing the form _____

Signature of adult completing the form: Julie Hampton

Today's date: 9/21/15