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 | Child's First Name | МІ | Child's Last Name | | Grade | Student? Foster Migra Yes No Child Runa | | | |
|--|--|-----------------------|--------------------------------------|---------------------|--|---|--|----------------------|----------------------------------|
| living with you and shares income and expenses, even if not related." | | | | | | | | apply (| |
| Children in Foster care and children who meet the | | | | | | | | all that ag | |
| definition of Homeless, Migrant or Runaway are eligible for free meals. Read | | | | | | | | Check a | |
| How to Apply for Free and Reduced Price School Meals for more information. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| STEP 2 Report Inc | come for ALL Household Members | | | | | | | | |
| | A. Child Income Sometimes children in the household earn or i | eceive income. Pleas | se include the TOTAL inc | come received h | ny all | Child income | How often? | | |
| | Household Members listed in STEP 1 here. | cocive moonie. I lead | se morade the TOTAL III | ome received b | \$ | Weekly | Bi-Weekly 2x Month Monthly | 1 | |
| | B. All Adult Household Members (incl | uding yourself) | | | | 0 | 0 0 0 | | |
| | List all Household Members not listed in STEF for each source in whole dollars (no cents) only | | ve income from any sou | | | ny fields blank, you are certi | | there is no inco | me to report. |
| | Name of Adult Household Members (First and Last) | Earnings from Work | How often? Weekly Bi-Weekly Monthly | | Public Assistance/ Child Support/Alimony Wee | How often? ekly Bi-Weekly Monthly Yearly | Pensions/Retiremer All Other Income | IV . | ow often? ekly Monthly Yearly |
| | | \$ | 0 0 0 | \$ | | 0 0 0 | \$ | 0 0 | |
| | | | 0 0 0 | 0 | | 0 0 0 | | -0-0 |) 0 0 |
| | | \$ | 0 0 0 | \$ | | 0 0 0 | \$ | 0 | 0 0 |
| | | \$ | 0 0 0 | \$ | | | \$ | 0 0 | 0 0 |
| | | \$ \$ | 0 0 0 | \$ s | | | \$ | 0 (| |
| Total Household Mer | mbers (Children and Adults) | Ф | | Ф | | | Þ | | |
| STEP 3 Contact in | nformation and adult signature. | | | | | | | | |
| | ion on this application is true and that all income is report lose meal benefits, and I may be prosecuted under appli | | | nection with the re | ceipt of Federal funds, and | that school officials may verify (o | check) the information. I a | am aware that if I p | ourposely give |
| | | | | | | | | | |
| Street Address (if available) | Apt # | City | | State | Zip | Daytime Phone and | Email | | |
| Printed name of adu | ult signing the form | Signature | e of adult | | | Today's date | | | |