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 First, Middle Initial, Last	If the household member is a student, include school name and grade level School Name	Grade	Do any household members (including you) participate in SNAP or TANF? **NO** → Go to STEP 2 **YES** → Write case number and proceed to STEP 4 **SNAP or TANF Case Number***	**Check if Foster Child****
				☐
				☐
				☐
				☐
				☐
				☐

* **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 *(Before Deductions)*	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income *(Worker's Comp., SSI, Unemployment, etc.)*
	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____
	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____
	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____
	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____
	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ How Often? ____	Amount ____ 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:	Mark one or more racial identities:	
☐ Hispanic/Latino	☐ American Indian or Alaska Native	☐ Black or African American
☐ Not Hispanic/Latino	☐ Asian	☐ Native Hawaiian or Other Pacific Islander
		☐ 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	Every 2 Weeks	2x per Month	Once a Month
$ _____ x 52 = $ _____	$ _____ x 26 = $ _____	$ _____ x 24 = $ _____	$ _____ x 12 = $ _____

Total Annual Income $ _____

☐ FREE
Based On:
- ☐ Homeless
- ☐ Migrant
- ☐ Runaway
- ☐ Head Start
- ☐ SNAP or TANF
- ☐ Foster Child
- ☐ Household Income

☐ REDUCED
Based On:
- ☐ Household Income

☐ DENIED
Reason:
- ☐ Income too high
- ☐ Incomplete Application
- ☐ Non-Qualifying SNAP/TANF

☐ VERIFICATION (as applicable)
- ☐ Verification Sample
- ☐ Verified for Cause

Date Withdrawn _____

Signature of Determining Official Date

Signature of Confirming Official Date

Signature of Verifying Official Date