

# 2021-22 Application for Free and Reduced-price School Meals Complete one application per household and return to the school. Please use a pen.

**STEP 1 List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.**

DEFINITIONS:	Child's First Name	MI	Child's Last Name	School	Grade	Student?	Homeless (or) Runaway	Migrant	Foster
Children in Household: Any infant, child or student up to 12th grade that lives in your household.						Y N			
Household Member: Anyone who is living with you who shares income and expenses, even if not related.									

**STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FDIPIR?**

NO If NO household member participates in SNAP or TANF or FDIPIR, complete STEP 3.

YES If YES, write your SNAP or TANF or FDIPIR case number here and then go to STEP 4. Do not complete STEP 3.

MT Case #: \_\_\_\_\_

**STEP 3 Report Income for All Household Members. Skip this step if you wrote a SNAP or TANF or FDIPIR case number in STEP 2.**

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here. \$ \_\_\_\_\_

**B. Adult Income (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.

First and last Name of Adult Household Member	Earnings from Work				Public Assistance/Child Support/Alimony				Pension/Retirement/All Other Income				Check if no SSN				
	Weekly	Bi-Weekly	2X Month	Monthly	Weekly	Bi-Weekly	2X Month	Monthly	Weekly	Bi-Weekly	2X Month	Monthly		Yearly			
	\$				\$				\$								
	\$				\$				\$								
	\$				\$				\$								
	\$				\$				\$								
<b>C. Total Household Members (Children and Adults)</b>																	

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

X	X	X	X	X
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**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.\*

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Printed Name of Adult Completing Form: \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Signature of Adult Completing Form: \_\_\_\_\_ Today's Date \_\_\_\_\_

**SCHOOL USE ONLY School District Must Complete This Section.**

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

Directly Certified (DC) from DCA/Source Records:  SNAP DC  TANF DC  FDIPIR DC  Homeless/Runaway/DC  Migrant DC  Foster DC

Categorical Eligibility:  Foster Child  Case Number \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_ per \_\_\_\_\_

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

Application Approved For:  Free Meals  Reduced-Price Meals  Application Denied

Application Received: \_\_\_\_\_ Application Effective Date: \_\_\_\_\_

**ANNUAL INCOME CONVERSION**

Weekly X 52  
Bi-Weekly X 26  
Twice a Month X 24  
Monthly X 12

Convert to annual income ONLY if different frequencies of income listed.