

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 Child 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 FDIPIR?**  
 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: \_\_\_\_\_ To Apply On-Line go to: (delete if NA)

**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 \$ \_\_\_\_\_

**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 Members (First and Last)	C. Earnings from Work	D. Public Assistance/Child Support/Alimony	E. Pensions/Retirement/All Other Income	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: \_\_\_\_\_ 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) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apt. # \_\_\_\_\_ 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 \_\_\_\_\_