

2019-2020 Free and Reduced Price School Meal Family Application

PART 1. All Household members who are infants, children, and students up to and including grade 12.

**If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL Children (infants, children, and students up to and including grade 12.) First, Middle Initial, Last	School Name for Each Child	Grade	Foster Child

PART 2. Benefits

If any member of your household receives [State SNAP], [FDPIR] or [State TANF], provide the name and case number for the person who receives benefits and skip to Part 5. *If NO ONE receives these benefits, skip to Part 3.*

Name: _____ Case Number: _____

PART 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Phone number of your school, homeless liaison, migrant coordinator, and Head Start coordinator.]

homeless migrant runaway Head Start

PART 4. Total Household Gross Income. You must tell us how much and how often.

Alaska Permanent Fund Dividend (PFD) Enter the number of ALL household members who QUALIFY for PFD's even if part or all the check was garnished.

Issued October 2018: _____ PRIOR to 1/1/20
Issued October 2019 : _____ AFTER 1/1/20

Gross income how often it was received (Annual; Weekly; Every 2 Weeks; Twice A Month or Monthly) 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. Please report Income in "Whole Dollars" when possible

Name (List ALL Adults and children in the household with income.)	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - John Smith</i>	<i>\$1500 / E</i>	<i>\$250 / M</i>	<i>\$ 0</i>	<i>\$0</i>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

TOTAL HOUSEHOLD MEMBERS (Children and Adults): _____ Last Four Digits Of Social Security Number (SSN) Of Primary Wage Earner Or Other Adult Household Member: * * * - * * - _____ I DO NOT HAVE A SOCIAL SECURITY NUMBER

PART 5. Signature (An adult household member must sign the application.)

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."

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Date Received (internal use): _____