

2018-2019 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 826-3274.

Homeless migrant runaway Head Start

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

<p>Alaska Permanent Fund Dividend (PFD) <i>Enter the number of ALL household members who QUALIFY for PFD's even if part or all the check was garnished .</i> Issued October 2017: _____ PRIOR to 1/1/19 Issued October 2018 : _____ AFTER 1/1/19</p>	<p>Gross income how often it was received (<i>Annual; Weekly; Every 2 Weeks; Twice A Month or Monthly</i>) <i>If they do not receive income from any source, write 'O'. If you enter 'O' or leave any fields blank, you are certifying (promising) that there is no income to report.</i> Please report Income in "Whole Dollars" when possible</p>
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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>	\$200.00/Weekly	\$150.50/ Every 2 weeks	\$100.00/Monthly	\$2,500/ Annual
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

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*): _____