

INCOME HOUSEHOLD

[Contracting Entity Name], 2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). [Apply online at http://www.abcdegh.edu](http://www.abcdegh.edu)

Step 1

Definition of **Household Member**: Anyone who is living with you and shares income and expenses, even if not related. Please read the instructions for more information.

Children in **Foster care**; children who meet the definition of **Homeless**, **Migrant**, or **Runaway** or who participate in **Head Start** are eligible for free meals.

List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.

First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District?		Check all that apply.					
				Yes	No	Foster	Head Start	Homeless	Migrant	Runaway	
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.											
4.											
5.											
6.											

If every child listed in Step 1 is a participant in one of the programs listed at

Step 1: All household members who are infants, children, and students up to and including grade 12 must be listed.
 * Review to see if check boxes are marked for any household member. Contact appropriate school officials for documentation. Contact telephone number for homeless liaison and migrant coordinator must be included in the household letter attached to the application.

Step 2: SNAP or TANF (Skip for Income Application and go to Step 3.)

Step 3: Income should be reported for all household members.
 A. Income should be recorded by frequency for all children listed in Step 1.
 B. All household members not listed in Step 1 (even if they do not receive income) should be listed. No income may be indicated under "Work Earnings" as a "0" or by leaving the field blank.

The application should include the last four digits of the Social Security number of the adult member who signed the application or the "Check if no SSN" box should be marked.

Step 4: The household should provide contact information, adult signature and date.
 * All applications must be signed by the adult household member completing the application.

Step 2

Please read the instructions for more information.

Do any Household Members (including you) currently participate in one or more of the following assistance programs?

If No, go to Step 3

If yes > Write the Eligibility Determination Group Number (EDG) in this space _____

Step 3

Please read the instructions for more information.

Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).

A. Income for Children in the Household

	Weekly	Every 2 Weeks
Record total income by frequency for all children listed in Step 1.	\$ _____	\$ _____

B. Income for 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 source (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every other week, M=Monthly, A=Annually. If you have income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from any source.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)				
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

Total Household Members (Children & Adults) _____ **Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form:** XXX-XX-_____
 Check if no SSN

Step 4

Please read the instructions for more information.

Provide 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/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Completing the Form _____ Signature of Adult Completing the Form _____ Today's Date _____

Additional Household Member Space—2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

Step 1, Additional List ALL Household Members who are infants, children, and students up to and including grade 12. *If more spaces is needed, use the Additional Household Member Sheet.*

List each child's name.

First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District?		Check all that apply.				
				Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 3, Additional Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2).

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Security Income (SSI) number (NAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that your child does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We will also use your information to determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of the law. We will not use your information to discriminate against students, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or other activities. If you believe you have been discriminated against, please complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at the USDA National Office, Room 1029, 1400 Independence Avenue, Washington, D.C. 20250-9410, by fax (202) 690-7442 or email usda.ascr@aphis.usda.gov. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, Washington, D.C. 20250-9410. Individuals who are deaf, hard of hearing or have speech disabilities should call the toll free number (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Total Household Members (from Step 3) MUST be equal to the number of household members listed in Step 1 and Step 3; compare this number to Household Size when determining eligibility.

Eligibility Determination is made based on Household Size and Total Income. Use the Income Eligibility Guidelines (IEG) Chart to determine Meal Eligibility; Free, Reduced, or Denied. Identify reason if denied.

Reviewing / Determining Official's Signature (not required for web-based applications)

NEW!!! Record date received in Child Nutrition Office.

Do Not Fill Out This Part. This Is For School Use Only

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12

Household Size: _____ Categorical Eligibility **Total Income:** _____ **Per** Week Every 2 Weeks Twice a Month Monthly Annually

Eligibility: Free Reduced Denied

Reviewing/Determining Official's Signature: _____ **Date:** _____

Confirming Official's Signature: _____ **Date:** _____

Follow-Up Official's Signature: _____ **Date:** _____

Verification USE ONLY

Date Received: _____

Date Withdrawn: _____