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.abcdefgh.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? Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
1.				☐	☐	☐	☐	☐	☐	☐
2.				☐	☐	☐	☐	☐	☐	☐
3.										
4.										
5.										
6.										

If every child listed in Step 1 is a participant in one of the programs listed ab[...]

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 [...]

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 <u>not listed in STEP 1</u> (including yourself) **even if they do not receive income**. For ea[...] (without deductions) for each source in whole dollars only. <u>Indicate</u> the frequency of income: W=Weekly, E=Every [...] income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there[...]

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:**   X X X - X X - __ __ __ __   ☐ **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

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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.

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? Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
1.				☐	☐	☐	☐	☐	☐	☐
2.				☐	☐	☐	☐	☐	☐	☐
3.				☐	☐	☐	☐	☐	☐	☐
4.				☐	☐	☐	☐	☐	☐	☐
5.				☐	☐	☐	☐	☐	☐	☐

Check all that apply.

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

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

Date Received: _____

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 Withdrawn: _____

Callout annotations:

- 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.