

A. CHILDREN and STUDENT Household Members

1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.
 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.

First	MI	Last	Circle One:	School Name	Grade	If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current Grade.	If applicable, please CIRCLE if a CHILD/STUDENT is: Homeless Migrant Runaway Foster
			S O				H M R F
			S O				H M R F
			S O				H M R F
			S O				H M R F
			S O				H M R F

NOTE: For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency see the charts on page 2 (or reverse side) of this application.

CHILD/STUDENT INCOME Earnings from Work	GROSS Income	CIRCLE Frequency		Income	CIRCLE Frequency
		Monthly	Bi-Monthly		
ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)		Weekly	Bi-Monthly		Weekly
		Weekly	Bi-Monthly		Weekly
		Weekly	Bi-Monthly		Weekly
		Weekly	Bi-Monthly		Weekly
		Weekly	Bi-Monthly		Weekly
		Weekly	Bi-Monthly		Weekly

B. Assistance Programs
 Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF, or FDIPIR?
 NO YES
 If "YES" please provide a case number (only one)
 Case Number:
 then SKIP to SECTION E.

C. ADULT Household Members

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of GROSS income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report.
 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on Sources of Income for Adults and Income Frequency see the charts on page 2 (or reverse side) of this application.

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.	GROSS Income Earnings from WORK	CIRCLE Frequency		Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income	CIRCLE Frequency	
		Monthly	Bi-Monthly			Weekly	Bi-Monthly
Head of Household	\$	Weekly	Bi-Monthly	\$	Weekly	Bi-Monthly	Weekly
Other Adult	\$	Weekly	Bi-Monthly	\$	Weekly	Bi-Monthly	Weekly
Other Adult	\$	Weekly	Bi-Monthly	\$	Weekly	Bi-Monthly	Weekly
Other Adult	\$	Weekly	Bi-Monthly	\$	Weekly	Bi-Monthly	Weekly
Other Adult	\$	Weekly	Bi-Monthly	\$	Weekly	Bi-Monthly	Weekly

D. Household Total and Social Security Number (SSN)
 ENTER Total Number of Household Members (Children and Adults) HERE
 ENTER LAST FOUR DIGITS of SSN HERE (Head of Household or Primary Wage Earner ONLY)
 I do not have a Social Security Number

F. Child(ren)'s Ethnic and Racial Identities (Optional)
 SELECT one ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino
 SELECT one or more (regardless of ethnicity):
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

E. Attestation: An adult household Member must sign the application. "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 child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Head of Household Signature: _____ Today's Date: _____ Email: _____
 Printed Name: _____ Contact Number: _____ State: _____ Zip Code: _____

For Office Use Only

Total Household Members: _____ per: _____
 Total Household Income: _____
 Income Conversion
 NOTE: If there are multiple income sources with more than one frequency, the SPA must annualize all income by multiplying.
 Weekly (x52) Bi-Weekly (x26) Monthly (x12) Bi-Monthly (x24) Annually

Eligibility Determination:
 Categorical Eligibility Free Reduced Denied
 Reason for Denial of Eligibility: _____

Determining Official's Signature & Date: _____
 Confirming Official's Signature & Date: _____
 Verifying Official's Signature & Date: _____