

2015-2016 Pennsylvania Free and Reduced Price School Meals/Special Milk Program Household Application

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Child's Grade		Student? Yes No	Foster Child	Homeless, Migrant, Runaway
				Enter HS for Head Start	No			

Click all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____ Write only one case number in this space

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child(ren) Income

Sometimes children in the household earn income.

Please include the TOTAL income earned by all Children here

Child(ren) income \$ _____

How often?

Weekly	Bi-Weekly	2x Monthly	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

X	X	X	X	X	X	X	X
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Check if no SSN

(Last 4 digits) SSN of Primary Wage Earner or Other Adult Household Member

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B. All Adult Household Members (including yourself)

List all Adult Household Members not listed in STEP 1. (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. 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.

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income		How often?		Ethnicity (Check one)	Race (Check one or more)
	Weekly	Bi-Weekly	2x Monthly	Monthly	Weekly	Bi-Weekly	2x Monthly	Monthly		
	\$		\$		\$				<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	\$		\$		\$					
	\$		\$		\$					
	\$		\$		\$					
	\$		\$		\$					

OPTIONAL

Ethnicity (Check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (Check one or more):

- American Indian or Alaskan Native
- Asian
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander

This information does not affect eligibility

STEP 4

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 (if available) _____ 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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FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per : Week Every 2 Weeks Twice A Month Monthly Yearly Household Size: _____ Date Withdrawn: _____

Eligibility: Free Reduced Denied Reason: _____ Categorically Eligible Other Source Categorically Eligible

Determining Official's Signature: _____

Date: _____

Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____

Date: _____