

2013 - 2014 Free and Reduced Price Schools Meals Family Application — East Penn School District
 USE BLACK OR DARK BLUE **INK**, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

PART 1 — Names of ALL Household Members

Student ID Number	Last Name	First Name	MI	Date of Birth (Optional)	Grade	School Code	Mark If Foster Child <small>(Legal responsibility of welfare agency or court) *If all children are foster children, skip to PART 5</small>	Mark Box if No Income
				M M D D Y Y			<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y			<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y			<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y			<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y			<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y			<input type="checkbox"/>	<input type="checkbox"/>

PART 2 — SNAP/TANF Benefits

If any member of your household receives SNAP or 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 4.**

Name: _____

SNAP/TANF Case Number

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PART 3 — Homeless, Migrant, Runaway

If any child you are applying for is **homeless, migrant, or runaway**, check the appropriate box and call your homeless liaison.

Homeless Migrant Runaway

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PART 4 — Total Household Gross Income — You must tell us how much and how often.

1. Name (Last, First) List only household members with income.	2. Income and how often it was received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly																				
	Earnings from Work Before Deductions		How Often?	Welfare, Child Support, Alimony		How Often?	Pension, Retirement, Social Security, SSI, VA		How Often?	All Other Income		How Often?									
Example: Smith, Jane B.	2	0	4	.	5	6	WE	5	0	.	2	0	WE				WE				WE
				.			WE			.			WE				WE				WE
				.			WE			.			WE				WE				WE
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				.			WE			.			WE				WE				WE
				.			WE			.			WE				WE				WE

PART 5 — Signature and Last Four Digits of Social Security Number - (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal Funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Signature: Today's Date: M M D D Y Y Last 4 Digits of Social Security Number: * * * * * I do not have a Social Security Number

Printed Name: _____ Home Phone Number: _____ Work Phone Number: _____

Mailing Address: _____ City: _____ State: P A ZIP Code: _____

PART 6 — Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity: Hispanic or Latino Not Hispanic or Latino

Choose one or more (regardless of ethnicity): American Indian or Alaska Native Asian Hawaiian or other Pacific Islander Black or African American White

Determining Official Signature: _____ Date: _____ Confirming Official Signature: _____ Date: _____
 School Employee Completing Verification Signature: _____ Date: _____