After Completing, please print or email document to delores@kidscrossingdaycare.com

023-2024 Application for Free and Reduced Price School Meals or Free Milk

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

☐ New Applicant ☐ Previous Applicant

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)

Definition of **Household Member**: "Anyone who is living with you & shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant,** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's Name	Age	Write name of child's school, or "not in school"	If a student, write in the grade	Foster Child	Homeless Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)

If you answered NO > Complete STEPS 3 and 4. If YES > Write your 8-digit SNAP, TANF, or FDPIR 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)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "**Sources of Income for Children**" chart will help you with the Child Income section.

The "**Sources of Income for Adults**" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

Child income	How often? Weekly	Bi-Weekly	2x/Month	Monthly
$	☐	☐	☐	☐

Child income	How often? Weekly	Bi-Weekly	2x/Month	Monthly
$	☐	☐	☐	☐

B. All 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 Household Member listed, if they do receive income, report total gross income (before taxes) 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	How often? weekly bi-week 2x/month monthly	Public Assistance child Support/ Alimony	How often? Weekly	Bi-Weekly	2x/Month	Monthly	Pension/Retirement/ All Other Income	How Often? Weekly	Bi-Weekly	2x Month	Monthly
	$	☐ ☐ ☐ ☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐ ☐ ☐ ☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐ ☐ ☐ ☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐ ☐ ☐ ☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐ ☐ ☐ ☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X ☐☐☐☐

Check if no SSN ☐

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

Street Address (if available) _____ 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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