2016-2017 Milton Public Schools <u>Household</u> Application for Free and Reduced Price School Meals

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

STEP 1	List ALL	lousehold 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 Ho	usehold	Child's First Name	MI	Child's Last Name		Gra	Ade Student? Foster Migral Yes No Child Runa	ant, away					
Member: "Anyo living with you a income and exp	ind shares												
if not related." Children in Foster care and							at apply						
children who me	eet the						all that						
Migrant or Run	away are						Check (ī					
How to Apply for Reduced Price	or Free and School							=					
Meals for more	information.												
STEP 2	Do any H	ousehold Members (including you) curre	ently participate i	n one or more of the fo	llowing assistance programs: SN	IAP, TANF, or FDPIR?							
		If NO > Go to STEP 3. If Y	ES > Write a cas	e number here then go to	STEP 4 (Do not complete STEP 3)	Case Number:							
							Write only one case number in this spa	ace.					
STEP 3	Report In	come for ALL Household Members (Skip th	nis step if you answ	vered 'Yes' to STEP 2)		now or	1217						
		A. Child Income Sometimes children in the household earn or	receive income Plea	ase include the TOTAL inco	ome received by all		2x Month Monthly						
		Household Members listed in STEP 1 here.	TOOGIVO IIIOOIIIO. T IOC	add morado mo 101712 mor	\$		0 0						
Ara vau unaura	what	B. All Adult Household Members (inc	0,	alf) avea if they do not rece	ive income. For each Heyechold Memb	ar listed if the sude receive income	report total gross income (hafara tayan)						
Are you unsure income to include		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 (no cents) 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.											
Flip the page an the charts titled		Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly Bi-Weekly 2x Month	Public Assistance/ Child Support/Alimony Weekly		sions/Retirement/ Other Income	onthly					
of Income" for m information.		Name of Addit Household Members (111st and Last)	\$	O O O	S O	O O S	O O O)					
The "Sources of for Children" cha			\$	0 0 0	0 \$ 0	0 0 0 \$		<u> </u>					
help you with the Income section.	e Child		\$	0 0 0	0 \$ 0	0 0 0 \$		Monthly					
The "Sources of for Adults" chart			\$		\$ O	0 0 0 \$		$\stackrel{\sim}{\supset}$					
you with the All . Household Mem	Adult .		\$	0 0 0	s			=					
section.			a		0 3 1 0	0 0 0 3							
		Total Household Members (Children and Adults)	-	f Social Security Number (Samer or Other Adult Househo		Check if	no SSN						
STEP 4	Contact i	nformation and adult signature											
r ceruiy (promise)	ınaı alı iniormat	ion on this application is true and that all income is reportlose meal benefits, and I may be prosecuted under appl			ection with the receipt of Federal lunds, and th	at school officials may verify (check) the	iniormation. Fam aware that it i purposely give						
,													
Street Address (i	if available)	Apt#	City		State Zip	Daytime Phone and Email (or	ptional)						
Printed name of	adult signing	the form	Signature of	adult		Todav's date							

Sources of I	Income for Children	S	Sources of Income for Adults			
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay,	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income		
- Social Security - Disability Payments - Survivor's Benefits	 - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 					
-Income from person outside the household	A friend or extended family member regularly gives a child spending money					
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing		Earned interest Rental income Regular cash payments from outside household		
			Native Hawaiian or Other	_		
not have to give the information, but if you do not, w meals. You must include the last four digits of the social signs the application. The last four digits of the social behalf of a foster child or you list a Supplemental Nu. Assistance for Needy Families (TANF) Program or F(FDPIR) case number or other FDPIR identifier for y member signing the application does not have a soc determine if your child is eligible for free or reduced the lunch and breakfast programs. We MAY share y nutrition programs to help them evaluate, fund, or de program reviews, and law enforcement officials to he In accordance with Federal civil rights law and U.S. E and policies, the USDA, its Agencies, offices, and er administering USDA programs are prohibited from d	utrition Assistance Program (SNAP), Temporary Food Distribution Program on Indian Reservations your child or when you indicate that the adult household cial security number. We will use your information to price meals, and for administration and enforcement of your eligibility information with education, health, and etermine benefits for their programs, auditors for elp them look into violations of program rules. Department of Agriculture (USDA) civil rights regulations	large print, audiotape, American applied for benefits. Individuals we through the Federal Relay Servavailable in languages other than To file a program complaint of distriction (AD-3027) found online at: http://www.ite a letter addressed to USDA request a copy of the complaint formail: U.S. Department of A	Sign Language, etc.), should contact who are deaf, hard of hearing or have vice at (800) 877-8339. Additionally English. crimination, complete the USDA Prograww.ascr.usda.gov/complaint_filing_cuand provide in the letter all of the inform, call (866) 632-9992. Submit your vegriculture and Secretary for Civil Rights Avenue, SW 250-9410	ust.html, and at any USDA office, or		
Do not fill out For School Use Only						
Annual Income Conversion: Weekly x 52	P. Every 2 Weeks x 26, Twice a Month x 24 Mon How often?	nthly x 12	Eligibility:			
Fotal Income	Weekly Bi-Weekly 2x Month Monthly Household Size		Free Reduced Denied			
	O O O O	ategorical Eligibility	0 0 0			
Determining Official's Signature	Date Confirming Official's Signate	ure Date	Verifying Official's Signate	ure Date		