

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?		Foster Child	Homeless, Migrant, Runaway
				Enter HS for Head Start		Yes	No		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	Total Household Members (Children and Adults)	(Last 4 digits) SSN of Primary Wage Earner or Other Adult Household Member
	Weekly Bi-Weekly 2x Month Monthly		X X X X X

Check if no SSN

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	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

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)	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	

FOR SCHOOL USE ONLY

USDA is an equal opportunity provider and employer

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

Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____ Signature of School Employee Completing Verification: _____ Date: _____ Determining Official's Signature: _____ Date: _____

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Instructions

PLEASE USE THESE INSTRUCTIONS TO HELP YOU FILL OUT THE APPLICATION FOR FREE OR REDUCED PRICE SCHOOL MEALS. YOU ONLY NEED TO SUBMIT ONE APPLICATION PER HOUSEHOLD, EVEN IF YOUR CHILDREN ATTEND MORE THAN ONE SCHOOL IN CARBON COUNTY. THE APPLICATION MUST BE FILLED OUT COMPLETELY TO CERTIFY YOUR CHILDREN FOR FREE OR REDUCED PRICE SCHOOL MEALS.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FDPIR?

- A. IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- B. IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide a case number for SNAP or TANF. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact Pennsylvania Department of Human Services. You must provide a case number on your application if you circled "YES". GO to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A. REPORT ALL INCOME EARNED BY CHILDREN. Examples for Child income include; earnings from work, social security disability, social security survivors, income from persons outside the household, private pension fund, annuity, and trust. **Combine gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income."** Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.
- B. FOR EACH ADULT HOUSEHOLD MEMBER: Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.* Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
- Report earnings from work, Report income from Public Assistance/Child Support/Alimony, Report income from Pensions/Retirement/All other income
 - What if I am self-employed? If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
 - Report total household size
 - Report last 4 digits of Social Security Number (SSN) of the Primary Wage Earner or other Adult Household Member

OPTIONAL: CHILDREN'S RACIAL AND ETHNIC IDENTITIES

Sharing children's Racial and Ethnic Identities is optional and does not affect eligibility.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Complete all contact information including, address and telephone number. Print your name, write Today's date. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.