

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**, FOLLOW THESE INSTRUCTIONS:

Part 1: List the name and nine (9) digit case number of any household member (including adults) receiving SNAP or TANF benefits.

Part 2: Skip this part.

Part 3: Complete section A including ALL household members. List the child(ren)'s school they attend and grade. *Do not complete section B*

Part 4: Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

Part 5: Complete this part if you choose.

IF ANY CHILD IN YOUR HOUSEHOLD IS **HOMELESS, A MIGRANT, HEAD START OR RUNAWAY AND DOES NOT** RECEIVE SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Skip this part.

Part 2: If any child you are applying for is homeless, migrant, head start or a runaway, call CCTI at 570-325-3682.

Part 3: In section A, list the child(ren)'s name. Indicate if the child(ren) is homeless, a migrant, or runaway by circling Hom. for homeless; Mig. for migrant; or Run for a runaway. List what school they attend and their grade. Enter HS as the grade for Head Start children. Section B does not need to be completed.

Part 4: Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

Part 5: Complete this part if you choose.

IF YOU ARE APPLYING FOR A **FOSTER CHILD**, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: Skip this part.

Part 2: Skip this part

Part 3: In section A, list the foster child(ren)'s name. Indicate each child is a foster by circling Fos. List what school they attend and their grade. Section B does not need to be completed.

Part 4: Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

Part 5: Complete this part if you choose.

If some of the children in the household are foster children:

Complete the application for the family based on SNAP or TANF benefits, homeless/migrant/runaway status or household income as described in the other sections of this page. Include foster children as household members in Part 3 of the application, circling Fos. to indicate the foster status. Do not include income from SNAP, WIC Federal education benefits, and foster payments received by the family from the placing agency.

ALL OTHER HOUSEHOLDS, INCLUDING **INCOME BASED AND WIC HOUSEHOLDS**, FOLLOW THESE INSTRUCTIONS:

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section A – Name:** List all household members. List the child's school and grade. Enter HS as the grade for Head Start children. For any person, including children, with no income, you must check the "No Income" box.
- **Section B – Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received. Circle W for weekly, E for every other week, T for twice a month, or M for monthly. For earnings, be sure to list the **gross income**, not the pay you take-home. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For self-employed ONLY, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign and date the form as well as list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one). Providing contact information could result in faster processing.

Part 5: Complete this part if you choose.

2014-2015 FREE AND REDUCED PRICE SCHOOL MEALS/SPECIAL MILK PROGRAM FAMILY APPLICATION

PART 1. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 3 to only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 2.**

NAME: _____ CASE NUMBER: _____

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS A (Fos.) FOSTER (legal charge of welfare agency or court), (Hom.) HOMELESS, (Mig.) MIGRANT, OR (Run.) RUNAWAY CIRCLE THE APPROPRIATE CODE IN PART 3. CALL [your school's homeless liaison, migrant coordinator at phone #] IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD.

PART 3. TOTAL HOUSEHOLD GROSS INCOME: You must tell us who, how much and how often.

A. NAME (list all household members. Attach an additional page if needed)	Indicate if a		Child's School (Write N/A for any household members not in school)	Child's Grade (Enter HS for Head Start)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: <i>circle one below: W = weekly; E = every other week; T = twice a month; M = monthly; A = Annual</i>			Check if NO income			
	Foster, Homeless, Migrant or Runaway Child	Hom. Run.			Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits		All Other Income		
	Fos. Hom. Run.	W E T M A			\$						
	Mig. Hom. Run.	W E T M A			\$						
	Fos. Hom. Run.	W E T M A			\$						
	Mig. Hom. Run.	W E T M A			\$						
	Fos. Hom. Run.	W E T M A			\$						
	Mig. Hom. Run.	W E T M A			\$						
	Fos. Hom. Run.	W E T M A			\$						
	Mig. Hom. Run.	W E T M A			\$						
	Fos. Hom. Run.	W E T M A			\$						
	Mig. Hom. Run.	W E T M A			\$						

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)
An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Use of Information Statement on the Parent/Guardian letter.)

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.

Sign Here: _____ Print Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Last four digits of Social Security Number: * * * * * I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)
Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino Asian American Indian or Alaska Native Black or African American White Native Hawaiian or Other
DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 2, Month, Year Household Size: _____
Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
Eligibility: Free Reduced Denied Reason: _____
Determining Official's Signature: _____ Date: _____
Signature of School Employee Completing Verification: _____ Date: _____