APPLICATION FOR FREE MILK/MEAL AND RE	DUCED-PRICE	MEALS—Complete C	One Application Per I	Household Per S	ichool D	istrict. Instruc	tions on back		275 - 28	KF 242.2	EONLY	
1. All Household Members (Att	ach anothe	r sheet of par	er if necessa	ıry.)							rone Application	
NAMES OF ALL HOUSEHOLD MEMBE First, Middle Initial, Last	RS (for Stud Scho	(to: Student only) School Name			(for Student only) Grade  SNAP OR TANF CASE 4 if you list a SNAP or TANF cr TANF must be provided below, not directly certified for free me household size and income.				NUMBER ONLY Skip to Part see number. At least one SNAP/ if you receive Medicald and were als, you MUST apply based on			
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					<u> </u>		<u> </u>					
					<u> </u>		-4		!!!!	lin and a succella	re agency or court.	
2. Homeless, Migrant, Runaway  Homeless Migrant R	, or Head S	tart (Categori   Head Start		r School Homeles	ss Llaiso	n, Migrant Coc	ordinator, or He	ad Start	Director		Date	
3. Total Household Gross Incon												
NAMES	GROSS INCO	ME AND HOW OFTE	N IT WAS RECEIVE	D (Example: \$100	0/month	; \$100 /twice a	month; \$100/	every oth				
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Allmony				is, Retireme ial Security			E. Worker's Comp., Un ment, SSI, etc. (All other		
	Amount	How often?	Amount	How often	7	Amount	How	iften?	p	Amount	How often?	
•	\$		\$	1 -		5	$\perp$		\$			
l.	\$		\$		;	\$			\$			
ii.	\$		\$	,	:	5			\$			
V.	\$		\$			\$		- , · · · · · · · · · · · · · · · · · ·	\$			
<i>I</i> .	\$		\$		:	\$			\$			
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certify (promise) all information on this app officials may verify (check) the informat	lication is true a ion. I understa	nd all income is rej and if I purposely	oorted.Tunderstar give false inforn	ndtheschoolw nation, my chi	vill get I ildren	may lose m	neal benefi	s and	i may i	be prosec	derstand schoo uted.	
Date	Printed Name of Adult Household Member Signature of Adult Household Member											
5. Contact Information (Option						····						
Work Telephone Number (Include Area	Code) Home	e Telephone Nun	nber (Include Are	ea Code)		ome Addres	ss (Numbe	, Stree	t, City,	State, Zi	o Code)	
6. Children's Racial and Ethnic	Identities (	Optional)										
Mark one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino		/lark one or more ☐ Asian ☐ White	racial identities ☐ Black or A ☐ American	frican Americ		. —	Native Ha	awailar	or Ot	her Pacifi	c Islander	
	- THE I	OLLOWING :	SECTIONS AF	RÉ FOR SC	НОО	L USE O	NLY-			10. T		
INITIAL DETERMINATION												
FOTAL NCOME \$Per: W	Every 2 eek 🔲 Weeks	Twice a Month	☐ Month ☐	Year HOUSE	R IN HOLD:		HANGE IN TATUS:				)ate	
LEAs must annualize income only when m Annual Income Conversion Weekly X 5.	ultiple incomes, 2 Every 2 We	at varying frequen eeks X 26 Twice	cies, are reported. e a Month X 24	Once a Mont	th X 12	2						
☐ migrant ☐ <b>fo</b> s	IAP or TANF ster child usehold's inco		based on: ehold's income		e too plete			Date Wi	thdrawn	:		
☐ Head Start		Signature of Bo	etermining Official					Date:				
		Signature of De	termining Official					Jule				