2020-2021 Application for Free and Reduced Price School Meals

Attachment E

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

Date Received by LEA (LEA use only) _____

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 and 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 First Name	MI	Child's Last Name	Building Name	Grade	Foster Child	Homeless, Migrant, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? 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)

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 income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

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 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.

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
	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly
	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly

Total Household Members (Children and Adults) _____

Last four digit 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 Mail Completed Form To: St. Patrick School, 701 South Church Street, Wentzville, MO 63385

"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

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

☐Food Stamps/Temporary Assistance Household size:_____ Total income:_____ Per: ☐Week ☐Every 2 Weeks ☐Twice a Month ☐Month ☐Year

Eligibility: ☐Free ☐Reduced ☐Denied Reason:_____ Date withdrawn:_____

Determining Official's Signature:_____ Date Approved/Denied:_____

Confirming Official's Signature (For verification purposes only):_____ Date:_____