

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

Date Received by LEA (LEA use only): \_\_\_\_\_

**STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.**

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Building Name	Grade	Foster Child	Homeless, Migrant, Runaway
					<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"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?**

NO → Go to STEP 3.  YES → Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): \_\_\_\_\_ Write only one case number in this space.

**STEP 3 List ALL household members and income for each member (before taxes and deductions)**

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

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 receive income, report total gross income (before taxes and deductions) 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 not income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				

Total Household Members (Children and Adults):     Last four numbers of Social Security Number (SSN) of primary wage earner or other adult household member (If Applicable):           Check if no Social Security Number

Please see back of application for list of income sources.

**B. Child Income**

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child income \$

How often received?				
Weekly	Every 2 Weeks	2x Month	Monthly	Annual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: 601 SE 12<sup>th</sup> Street Oak Grove MO 64075**

"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 (confirm) 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."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if Available)	City	State Zip Daytime Phone and Email (optional)

**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: \_\_\_\_\_

Error Prone Application:  Yes  No (Optional - See FAQs) Determining Official's Signature: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

Confirming Official's Signature (For Verification purposes only): \_\_\_\_\_ Date: \_\_\_\_\_