



F \_\_\_\_\_ R \_\_\_\_\_  
 School Year 2008-2009  
 Date withdrew \_\_\_\_\_

### INCOME ELIGIBILITY APPLICATION FOR SUMMER FOOD SERVICE PROGRAM

To receive reduced price meals for your children, read the instructions on the back, complete this form, sign your name and

return it to the sponsor.

Call \_\_\_\_\_ if you need help. For additional names, list on a sheet of paper.

**1. CHILDREN:** (Complete a **separate** application for each foster child.)

Children's Names (Last, First, MI)	Grade/Teacher	School

**2. FOSTER CHILD:** If the above named child is the legal responsibility of a welfare agency or court, check this box.   
 List the child's personal use income: \_\_\_\_\_ (Write "0" if the child has no personal use income.) Skip to **Part 5**.

**3. HOUSEHOLDS GETTING FOOD STAMPS OR AID TO DEPENDENT CHILDREN (ADC)/TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF):** Complete this section and sign the application in **Part 5 OR** submit a Direct Certification letter from the Office of Temporary and Disability Assistance. Complete a separate application for children with a different case number or no case number.

Food Stamp #: \_\_\_\_\_ ADC/TANF #: \_\_\_\_\_

**4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME:** If you did not give a food stamp or ADC/TANF number, or submit a Direct Certification, complete this part and all of **Part 5**.

Show how often each amount is received. See Examples	<b>CURRENT INCOME/PAYPERIOD</b>			
	Earnings From Work Before Deduction	Child Support. Alimony. Etc.	Payments from Pension or Retirement	Other Income
	Examples: \$100/weekly, \$100/bi-weekly, \$100/2x per month, \$100/monthly If pay period is not quoted, the reviewing official will process the reported income amount as received <b>WEEKLY.</b>			
List the name of everyone in your household	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**5. SIGNATURE:** An adult household member **MUST sign the application before it can be approved.**

I certify that all of the information is true and that all income is reported. I understand that the information is being given for the sponsor to receive federal funds; that sponsor officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws, and my children may lose meal benefits.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

SOCIAL SECURITY NUMBER: If **Part 4** is completed, the adult who signs the application **MUST** provide his/her Social Security Number.

**DO NOT WRITE BELOW THIS LINE – FOR SPONSOR USE ONLY**

MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY 2 WEEKS X 2.15; TWICE A MONTH X 2

FOOD STAMP, ADC/TANF, FOSTER CHILD

INCOME HOUSEHOLD: Total Household Monthly Income: \_\_\_\_\_ Household Size: \_\_\_\_\_

Application APPROVED for:  Free Meals  Reduced Price Meals

Application DENIED

Date Notice sent: \_\_\_\_\_ Signature of Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_