



F _____ R _____
 School Year 2009-2010
 Date withdrew _____

INCOME ELIGIBILITY APPLICATION FOR SUMMER FOOD SERVICE PROGRAM

To apply for free 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	CURRENT INCOME/PAYPERIOD 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 WEEKLY.			
List the name of everyone in your household	Earnings From Work Before Deduction	Child Support. Alimony. Etc.	Payments from Pension or Retirement	Other Income
	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.

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: _____