

[Contracting Entity Name], 2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). [Apply online at http://www.abcdefgh.edu](http://www.abcdefgh.edu)

Step 1
Definition of Household Member: *Anyone who is living with you and shares income and expenses, even if not related.*
 Please read the directions for more information.
 Children in **Foster** care; children who meet the definition of **Homeless**, **Migrant**, or **Runaway** or who participate in **Head Start** are eligible for free meals.

List ALL Household Members who are infants, children, and students up to and including grade 12. *If more spaces are needed, use the Additional Household Member Sheet on the back.*

List each child's name.	Optional: Student ID Number	Student Attends School in District?		Check all that apply.
		Yes	No	
First Name MI Last Name				
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If every child listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.

Step 2
 Please read the directions for more information.

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

If No, go to Step 3
If yes > Write the Eligibility Determination Group Number (EDG) in this space _____, skip Step 3, and go to Step 4.

Step 3
 Please read the directions for more information.

Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).

A. Income for Children in the Household

	Weekly	Every 2 Weeks	Twice per Month
Record total income by frequency for all children listed in Step 1.	\$ _____	\$ _____	\$ _____

B. Income for 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 total income (without deducting) by frequency. W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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 the member does not receive income.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)
1.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A
2.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A
3.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A
4.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A
5.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A

Total Household Members (Children & Adults) _____ **Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form:** XXX-XX-____

Step 4
 Please read the instructions for more information.

Provide Contact Information and Adult Signature.

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 to determine if I lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address/Apt #	City	State	Zip	Daytime Phone and Email (Optional)
Printed Name of Adult Completing the Form			Signature of Adult Completing the Form	

Additional Household Member Space—2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

Step 1, Additional List ALL Household Members who are infants, children, and students up to and including grade 12.

List each child's name.			Optional: Student ID Number	Student Attends School in District?		Check all that apply.		
First Name	MI	Last Name		Yes	No	Foster	Head Start	Homeless
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 3, Additional Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2).

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$
7.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$
8.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$
9.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$
10.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
USDA is an equal opportunity provider and employer.

Do Not Fill Out This Part. This Is For School Use Only

<i>Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12</i>				Date Received:	
Household Size: _____	<input type="checkbox"/> Categorical Eligibility	Total Income: _____	Per <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	
Reviewing/Determining Official's Signature:			Date:		Date Withdrawn:
Confirming Official's Signature:			Date:		
Follow-Up Official's Signature:			Date:		