2018-2019 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Use a pen)

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	Grade (Enter HS for Head Start)	Student? Yes	Student? No	Check all that apply: Foster Child	Check all that apply: Homeless, Migrant, Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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

If NO > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _ _ _ _ _ _ _ _ _
Write only one nine (9) digit 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 or receive income. Please include the TOTAL income received by all Household Members 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 total gross income (before taxes) for each source in whole dollars (no cents) only.

If no income is received 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 ○ Annual	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly
	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○ Annual	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly
	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○ Annual	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly
	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○ Annual	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly
	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○ Annual	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly	$	○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly

Total Household Members (Children and Adults) ☐☐

Last Four Digits 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 YOUR CHILD'S SCHOOL

"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 signing the form _____

Signature of adult _____

Today's date _____