

Return Completed Application to: _____ *(Insert School name, mailing address here)*

Part 1: Children in School

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: _____
 (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.

1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Total Number of Household Members: _____ (Children and Adults)
 Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – ____ Check if no SSN

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

“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.”

Sign here: _____ Print name: _____ Date: _____

Street Address (if available): _____ Zip: _____ Daytime Phone: _____

Part 5: Children’s Ethnic and Racial Identities – Optional

Check one Ethnic Identity: – and – **Check one or more Racial Identities:**

Hispanic or Latino
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino
 White
 American Indian or Alaskan Native

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size: _____

Total Income: _____ per _____

Year
 Month
 2 X Mo
 Every 2 Wks
 Week

Free
 Reduced
 Denied

Income
 Reason for denial:

Categorically eligible:

SNAP/TANF/FDPIR
 Income too high
 Foster Child
 Incomplete application

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:		Date Withdrawn From School: _____
Signature of Confirming Official: _____	Date Confirmed: _____	
Signature of Verifying Official: _____	Date Verified: _____	

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals can use their 2018 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the category labeled “All Other Income”.

Zero income resulting from use of the 1040 Form does not require follow-up.

Important Reminders:

Line **1** cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line **6** (Total income) and line **7** (Adjusted gross income) cannot be used for the purpose of applying for free and reduced-price meals.

The line items below are used to determine allowable self-employment income. Refer to the **2018 U.S. Individual Income Tax Return Form 1040 – SCHEDULE 1** - under Additional Income.

Line 12, Business Income (or loss)	_____
Line 13, Capital Gain (or loss)	_____
Line 14, Other Gains (or losses)	_____
Line 17, Rental Real Estate, etc.	_____
Line 18, Farm Income (or loss)	_____

NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.

This attachment is used only to report income from self-employment and/or farming.

Total of above lines: _____ **equals annual self-employed income***

* Report this figure on the meal application in the category labeled “All Other Income”.

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the meal application.