

**Return Completed Application to:** *(Insert School Name & Mailing Address here)*

**Part 1: Children in School**

List names of all children in school ( <b>First, Middle Initial, Last</b> ). If all children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.					
	Grade	Name of School Child Attends	Check all that apply:		
			Foster Child	Homeless, Migrant, Runaway	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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.**

<b>1. Household Members</b> List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed.	<b>2. Gross Income (before taxes) and How Often it was Received</b>					
	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 <input type="checkbox"/>

**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  
 Homeless/Migrant/Runaway:  
 (Official Documentation Required at School)

Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**FOR THE VERIFICATION PROCESS ONLY**

Signature of Confirming Official: _____	Date Confirmed: _____	Date Withdrawn From School: _____
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.**