

1. Check here if this is the first school meal application at this school district or nonpublic school for any child listed below.

2. Names of all Children in Household
including Foster Children
Attach additional page if necessary

Last Name	First Name	Date of Birth Month/Day/Year	Grade	School	<input checked="" type="checkbox"/> if foster child *	Any Regular Income to Child (for example SSD)	3. Benefits (if applicable) If any household member receives benefits from a program listed below, check the applicable box and write in the name of the person receiving benefits and their case number. Skip section 4.
		___/___/___			<input type="checkbox"/>	\$ _____ per _____	Name _____ Case Number _____ <input type="checkbox"/> Minnesota Family Investment Program (MFIP) <input type="checkbox"/> Food Support (SNAP) <input type="checkbox"/> Food Distribution Program on Indian Reservations - Medical Assistance number does not qualify -
		___/___/___			<input type="checkbox"/>	\$ _____ per _____	
		___/___/___			<input type="checkbox"/>	\$ _____ per _____	
		___/___/___			<input type="checkbox"/>	\$ _____ per _____	

* The child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 3 and 4.

4. Names of all Adults in Household
(all household members not listed in Section 2)
Include all adults living in your household, related or not. Attach additional page if necessary.

First Name	Last Name	Check if NO Income <input checked="" type="checkbox"/>	Household Income: Write in each gross income and how often it is received: weekly (W), bi-weekly (every other week) (BW), twice per month (TM), monthly (M). Do not write in hourly pay. If income fluctuates, write in the amount normally received. Attach additional page if necessary.	Gross Wages and Salaries - all jobs - before deductions -	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including net Farm/ Self-Employment
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

5. If your children are approved for school meal benefits, this information may be shared with MinnesotaCare and General Assistance Medical Care programs to identify children eligible for Minnesota health insurance programs. See back page for more information. Leave the boxes blank to allow sharing of information.
 Do not share information with the MinnesotaCare health insurance program. Do not share information with the General Assistance Medical Care program.

6. I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal and state funds based on the information I give. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member (required) _____ Date: _____
 Social Security number - last 4 digits (required if Section 4 is completed): _____ OR I don't have a Social Security number
 Address: _____ City _____ State _____ Zip _____ Home Phone: _____ Work Phone: _____
 Total Household Size: _____ Total Incomes: \$ _____ per _____ Office Use Only
 Approved (check all that apply): Case Number - Free Foster - Free
 Income - Free Income - Reduced Price Temporary unit
 Denied: Incomplete Income Too High Other: _____ Date: _____
 Signature - Determining Official: _____ Reason: _____ Withdrawn: _____
 Change Status To: _____ Reason: _____
 Signature - Confirming Official: _____ Date: _____
 Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____
 Result: No Change Free to Reduced-Price Free to Paid Office Use Only
 Reduced-Price to Free Reduced-Price to Paid
 Reason for Change: Income Household Size Refused Cooperation
 Other: _____
 Signature - Verifying Official: _____ Date: _____