



# Lunch program

Please fill out the form below:

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Part 1: All household members

Names of all household members (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court) * If all children listed below are foster children, skip to Part 5 to sign this form.	
Check if NO income			
fdsdf	dsfs	<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
cxvxzc	dsds	<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
fsdfsdf		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	

Part 2. Benefits

If any member of your household receives [snap], [fdpir] or [tanf cash assistance], provide the name and case number for the person who receives benefits and skip to part 5. if no one receives these benefits, skip to part 3

Name	Case Number
dsfcvxxc	xcxzcv

Part 3.

if any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your child's school.

☒ Homeless ☒ Migrant ☒ Runaway

PART 4.

Total household gross income. you must tell us how much and how often.

1. NAME (List only household members with income)	2. Gross income and how often it was received			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	
	All Other Income			
(Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly \$50.00/monthly	
CXVXV  CXXC	XCVX	XCVXCV	XCVXC	
CXVCXV  XCV	XCVXCVCXV	XCVXCV	CXVXCV	
zcxZX  sdfds	CXZXZCZV	xzcas	dsfsdfdsf	

## Part 5.

Signature and last four digits of social security number (adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.) 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 funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here:  
adsasddfdg

Print name:  
dsfgdfgdf

Date:  
fsdfsdf

Address:  
dfgdsf

Phone Number:  
dfgdf

City:  
dfgdfdf

State:  
dfgdfg

Zip:  
23423

Last four digits of Social Security Number: \* \* \* - \* \* -  
fxsdf

☒ I do not have a Social Security Number

## Part 6.

Children's ethnic and racial identities (optional)

Choose one ethnicity:

- ☒ Hispanic/Latino  
☐ Non Hispanic/Latino

Choose one or more (regardless of ethnicity):

- ☒ Asian ☒ American Indian or Alaska Native  
☒ Black or African American ☒ White  
☒ Native Hawaiian or other Pacific Islander