

SUMMER FOOD SERVICE PROGRAM FREE MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____
 _____ Homeless _____ Migrant _____ Runaway _____
 List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program(FIP), or FDIPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.

Names	Circle Yes if Foster Child	Grade (if applicable)	Session #/Name or Site Name (if applicable)	Circle if NO Income		Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony			Pensions, Retirement, Social Security			All Other Income			
				Yes	No	weekly	every 2 weeks	monthly	every 2 weeks	monthly	every 2 weeks	monthly	every 2 weeks	monthly	every 2 weeks	monthly	every 2 weeks
Example: Jane Doe	Yes			\$0	\$600	monthly					\$250	monthly					
1	Yes			\$0		monthly											
2	Yes			\$0		monthly											
3	Yes			\$0		monthly											
4	Yes			\$0		monthly											
5	Yes			\$0		monthly											
6	Yes			\$0		monthly											
7	Yes			\$0		monthly											
8	Yes			\$0		monthly											

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a social security number box". See Privacy Act 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 sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____
 Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____
 I do not have a Social Security Number

Address	City	Zip Code	County
Home/Cell Phone	Work Phone	Email Address	

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

