**2019-2020 Application for Free and Reduced Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

**Date Received by LEA (LEA use only)**

**Attachment E**

**STEP 1**

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
<th>Building Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

**STEP 2**

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: __________ Write only one case number in this space

**STEP 3**

Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)

**A. Child Income**

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

<table>
<thead>
<tr>
<th>Child income</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
</tr>
</tbody>
</table>

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (Including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

**Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member.**

<table>
<thead>
<tr>
<th>$</th>
<th>$</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
</table>

**STEP 4**

Contact Information and Adult Signature

Mail or Bring Completed Form To: Richards R-V School, 3461 Co. Rd. 1710, West Plains, MO 65775

"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 intentionally give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

**Mail Address:**

Street Address (if available):_________ Apt#_________

City_________ State_________ Zip_________

**Daytime Phone and Email (optional):**

Printed name of adult completing the form:_________

Signature of adult completing the form:_________

Today's date:_________

**DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.**

**ANNUAL INCOME CONVERSION:** WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

- Food Stamps/Temporary Assistance:_________
- Household size:_________
- Total income:_________
- Per: __Week __Every 2 Weeks __Twice a Month __Month __Year
- Eligibility:QFree QReduced QDenied Reason:_________
- Determining Official’s Signature:_________
- Date:_________
- Date withdrawn:_________
- Date Approved/Denied:_________
- Date:_________

**Confirming Official’s Signature (For verification purposes only):**_________