

FAQS ABOUT FREE AND REDUCED-PRICE MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Andover Public Schools** offers healthy meals every school day. Breakfast costs **\$1.75** at elementary and middle schools and **\$2.25** at the high school; lunch costs **\$2.85** at elementary and middle schools and **\$3.00-\$3.25** at the high school. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch at all schools. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

Frequently Asked Questions

WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **MA SNAP** or **MA TANF** are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-2018			
Household size	Yearly	Monthly	Weekly
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
Each additional person:	+\$7,733	+\$645	+\$149

HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Nancy Duclos, Assistant Superintendent, nduclos@aps1.net or (978) 247-7025.

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use *one Free and Reduced Price School Meals Application for all students in your household*. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Andover School Nutrition; 80 Shawsheen Rd, Andover, MA 01810; 978-247-5520.

FAQS ABOUT FREE AND REDUCED-PRICE MEALS

SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?

No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact: Lynnea Gleason, Nutrition Coordinator; 80 Shawsheen Rd, Andover, MA 01810; 978-247-5520; Lynnea.gleason@andoverma.us immediately.

CAN I APPLY ONLINE?

Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.lunchapp.com to begin or to learn more about the online application process. Contact Lynnea Gleason, Nutrition Coordinator; 80 Shawsheen Rd, Andover, MA 01810; 978-247-5520; Lynnea.gleason@andoverma.us if you have any questions about the online application.

MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

I GET WIC. CAN MY CHILDREN GET FREE MEALS?

Children in households participating in WIC may be eligible for free or reduced price meals. Please send in a completed application.

WILL THE INFORMATION I GIVE BE CHECKED?

Yes. We may also ask you to send written proof of the household income you report.

IF I DON'T QUALIFY NOW, MAY I APPLY LATER?

Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?

You should talk to school officials. You also may ask for a hearing by calling or writing to: Paul Szymanski, Asst. Superintendent of Finance/Admin, 36R Bartlet St, Andover, MA 01810; (978) 247-7070; PSzymanski@aps1.net.

MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

FAQS ABOUT FREE AND REDUCED-PRICE MEALS

WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

List any additional household members on a separate piece of paper, and attach it to your application. Contact Lynnea Gleason, Nutrition Coordinator; 80 Shawsheen Rd, Andover, MA 01810; 978-247-5520; Lynnea.gleason@andoverma.us to receive a second application.

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for **MA SNAP** or other assistance benefits, contact your local assistance office or call the **MA SNAP Hotline at 1-866-950-3663**.

If you have other questions or need help, call 978-247-5520.

Sincerely,
Gail Koutroubas
Director of Food and Nutrition Services
July 1, 2017

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

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I Speak Statements

- أنا أتكلم اللغة العربية. (Arabic)
- Ես խոսում եմ հայերեն (Armenian)
- 我说中文 (Chinese Simplified)
- 我說中文 (Chinese Traditional)
- Ja govorim **hrvatski**. (Croatian)
- اینجانب به زبان فارسی صحبت می کنم. (Farsi)
- Je parle **français**. (French)
- Μιλώ **ελληνικά**. (Greek)
- ངེད་ ལྷག་པོ་ ལཱུ་ ལྷུ་ (Gujarati)
- Mwen pale **Kreyòl**. (Haitian Creole)
- मैं **हिंदी** बोलता हूँ। (Hindi)
- Kuv hais **lus hmoob**. (Hmong)
- 私は **日本語** を話します。 (Japanese)
- ខ្ញុំនិយាយភាសា**ខ្មែរ** (Khmer)
- 본인의 모국어는 **한국어**입니다. (Korean)
- ئە ز زماني كوردی ده ناخفم. (Kurdish)
- ຂ້າພະເຈົ້າເວົ້າ **ພາສາລາວ**. (Lao)
- Yie gorngv **Mienh** waac. (Mien)
- Mówię **po polsku**. (Polish)
- Eu falo **Português**. (Portuguese)
- ਇ ਸੁਪਿਆਕ **ਪੰਜਾਬੀ** (Punjabi)
- Я говорю **по-русски**. (Russian)
- Ou te tautala **faaSamoa**. (Samoan)
- Govorim **srpski**. (Serbian)
- Waxaan ku hadlaa **Somali**. (Somali)
- Yo hablo **español**. (Spanish)
- أتحدث **السودانية** (لغوي سوداني) (Sudanese)
- Marunong po akong magsalita ng **Tagalog**. (Tagalog)
- ข้าพเจ้าพูด ภาษา**ไทย** (Thai)
- ഞ ഞ **ትግርኛ** ይዘረብ እየ. (Tigrinya)
- Я розмовляю **українською**. (Ukrainian)
- میں اردو بولتا / بولتی ہوں۔ (Urdu)
- Tôi nói tiếng **Việt**. (Vietnamese)

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Student Name: _____

School: _____

Grade: _____

SHARING INFORMATION WITH OTHER SCHOOL-BASED PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be **shared with other programs for which your children may qualify and benefit from**. For the following programs, **we must have your permission to share your information**. Sending in this form will not change whether your children get free or reduced price meals.

If you DO want your information shared with other school-based programs that may benefit your child, please check the applicable programs below:

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Administration**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Guidance**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Transportation**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Athletics**.

If you do NOT want your information shared with other school-based programs, please check the box below.

- NO! I DON'T** want school officials to share information from my Free and Reduced Price School Meals Application with any other school-based programs.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Lynnea Gleason, Nutrition Coordinator at 978-247-5520 or e-mail at Lynnea.gleason@andoverma.us.

Return this form along with your Free and Reduced Price School Meals Application to:
Andover School Nutrition, 80 Shawsheen Rd, Andover, MA 01810 by October 1, 2017.

SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Lynnea Gleason, Nutrition Coordinator at 978-247-5520 or e-mail: Lynnea.gleason@andoverma.us.

Return this form along with your Free and Reduced Price School Meals Application to:
Andover School Nutrition, 80 Shawsheen Rd, Andover, MA 01810 by October 1, 2017.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Andover Public Schools. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Lynnea Gleason, Nutrition Coordinator; 978-247-5520 or Lynnea.gleason@andoverma.us.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Andover Public Schools, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Andover Public Schools? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Andover Public Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write the Agency ID for SNAP, TANF, or FDPIR. You only need to provide one Agency ID. If you participate in one of these programs and do not know your Agency ID, contact: The Department of Transitional Assistance at 1-877-382-2363.
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

B) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today’s date. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

C) Mail Completed Form to: Andover School Nutrition, 80 Shawsheen Rd, Andover, MA 01810.

D) Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.



2017-2018 Massachusetts Application for Free and Reduced Price School Meals

If you have received a **Notice of Direct Certification – FREE** from the school district for free meals, **do not** complete this application. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification – FREE** letter you received.

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)

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.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student?		Foster	Homeless	Migrant	Runaway
					Circle Yes or No	Yes or No	Check all that apply			
					Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3)

Do not provide EBT card number.

Agency ID Number: _____

Review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here:

Child Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 total 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.

Name of Adult Household Members (First and Last)	Earnings from Work				Public Assistance/ Child Support/ Alimony				Pensions / Retirement / All Other Income			
	How often?				How often?				How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

XXX-XX-

Check if no SSN

"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."

Street Address (if available) Apt #

City State Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

Error prone

