

2015-2016 Application for Free and Reduced Price School Meals

Meriden Public Schools

Apply Online at: www.meridenk12.org

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.)

Student ID (Optional)	Child's First Name	MI	Child's Last Name	MM	DD	YY	School Name (optional)	Grade	Student ? Yes No	Foster Child	Homeless, Runaway
											H R
											H R
											H R
											H R
											H R

Check all that apply

The children listed above May Qualify (Continue to complete the application) Do Not Qualify (Please Initial) _____ and return this form.

Step 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TFA? Yes / No (Circle One)

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)

Step 3 Report Income for ALL Adult Household Members (Skip this step if you answered "Yes" to Step 2)

A. Child Income Sometimes children in the household have earned income. Please include the TOTAL income earned by all child Household Members listed in STEP 1 here.

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 that total income for each source in whole dollars 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.

Pay Frequency (How Often?) W=Weekly, E=Bi-Weekly, T=2x Month, M=Monthly

Public Assistance/Child Support/Alimony

Name of Adult Household Members (First and Last)	Earnings from Work	How Often ?	Public Assistance/Child Support/Alimony	How Often ?	Pensions/Retirement/All Other Income	How Often ?
	\$	W E T M	\$	W E T M	\$	W E T M
	\$	W E T M	\$	W E T M	\$	W E T M
	\$	W E T M	\$	W E T M	\$	W E T M
	\$	W E T M	\$	W E T M	\$	W E T M
	\$	W E T M	\$	W E T M	\$	W E T M

TOTAL Household Members (Children and Adults) Last Four Digits of Social Security Number(SSN) of Primary Wage Earner or Other Adult Household Member - Check if no SSN

Step 4 Contact information and adult signature

"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."

MAILING Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone (optional) _____

Signer FIRST NAME (clearly print) _____ Signer LAST NAME (clearly print) _____

OFFICE USE ONLY

Date Of Determination MM DD YY

Household Size

Total Income \$

Signature of Adult completing the form _____ Today's Date _____

OPTIONAL Children's Racial and Ethnic Identities

Race: Check One or More American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Ethnicity: Check One Hispanic or Latino NOT Hispanic or Latino