

2017-2018 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Please use a pen)

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)

Child's First Name	MI	Child's Last Name	Grade Enter HS for Head Start	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____
Write only one 9 digit 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 or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child's income: \$ _____
How often? Weekly Bi-Weekly 2x-Month Monthly

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 no income is received 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/			Pensions/Retirement/ All Other Income		
	Weekly	Bi-Weekly	2x-Month	Monthly	Annual	Weekly	Bi-Weekly	2x-Month	Monthly
	\$								
	\$								
	\$								
	\$								
	\$								

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

STEP 4 Contact information and adult signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

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 _____