

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

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

## STEP 1

List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Homeless, Migrant, Runaway	Foster Child
				<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"/>

Check all that apply

## 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 Household Members listed in STEP 1 here.

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

**B. All Adult Household Members (including yourself)**  
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report total GROSS income (amount before taxes and deductions) 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.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work		Public Assistance/Alimony		Pensions/Retirement/ All Other Income	
	Weekly	Bi-Weekly 2x-Month Monthly	Weekly	Bi-Weekly 2x-Month Monthly	Weekly	Bi-Weekly 2x-Month Monthly
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>

**C. 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  X  
 Check if no SSN

## STEP 4

Contact information and adult signature Mail Completed Form to: Presidio School C/O Joe Roos 1695 East Fort Lowell Road, Tucson, AZ 85719

\*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.\*

Signature of adult completing the form: \_\_\_\_\_ Today's date: \_\_\_\_\_  
 Printed name of adult completing the form: \_\_\_\_\_ Daytime Phone and Email (optional): \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street Address (if available): \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Eligibility: Free  Reduced  Denied  Error Prone   
 Case # Application  Foster Application  Directly Certified: Date of Disregard: \_\_\_\_\_  
 Income Application  
 Household Size: \_\_\_\_\_ Per:  Week  Bi-Weekly (Every 2 Weeks)  2x-Month  Monthly  Annual  
 Selected For Verification: Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_