2024 - 2025 Household Application for Free and Reduced Price Meals and the Special Milk Program Complete one application per household. Please use a pen (not a pencil).

STEP 1 — All Children in	the House	hold						Foster	^{Homeless} Migrant	Runaway Head Star		
Student ID	Last Nan	ne Fir	st Name	мі	Date of Bi	rth Schoo	ol Grade	e 4 ⁰⁷	Hom Mig	Run, Heao		
							\square	1				
STEP 2 — Assistance Pro	-	participate in one or	more of the following	assistance								
programs: SNAP or TANF? Circle on If you answered NO > Complete STE	e: Yes / No	-	-			lumber:						
number, then skip to STEP 4.												
STEP 3 — All Household Please read How To Apply for F		•	-				-					
the Child Income question. The ' Gross income and how often it	Sources of In											
W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly, A = Annually Ch						Child Inco	A W E T M					
A. Sometimes children in the househo bers listed in STEP 1 here.	ld earn or recei	ve income. Please i	nclude the TOTAL inc	come recei	ved by all ho	ousehold mem-			AW	ETM		
B. List all household members not list in whole dollars only. If they do not re												
Adult Household Member Name (First and Last)	Annual Income	Earnings from Work	How Often?		ssistance / oort / Alimony	How Often?	Pensions / Re All Other I		/ How	Often?		
										ETM		
									AW			
			AWETM			AWETM			AW	ETM		
			AWETM			AWETM			AW	ETM		
Total Household Size (Children and Adults)	Primary	Wage Earner or A	Security Number (S nother Adult House t Household Membe	hoĺd Mem		* - ** -		Ch	eck if no	SSN		
STEP 4 — Contact Inform				r nas an c	501			_				
I certify (promise) that all information of funds, and that school officials may ve	on this application this application the second strain terms and strain terms are strain terms and strain terms are strain terms and strain terms are strain terms and strain terms are s	on is true and that a	Il income is reported.									
under applicable State and Federal laws. Printed name of adult completing the form			Signature of ad	Signature of adult completing the form						Today's Date		
			Х	Х					M M D D Y Y			
Street Address (if available)		City	City					ZIP Code				
							ΡΑ					
Home Phone Number	Work	Phone Number		Email								
	De siel en d	Etheria Island	141									
OPTIONAL — Children's												
Ethnicity (check one): Hispanic or Latino		e (check one or American Indian o	more): or Alaskan Native	Bla	ack or Afrio	can American						
Not Hispanic or Latino		Asian Nat	ive Hawaiian or Otl	ner Pacifio	c Islander	White			5601			