

2011 - 2012 Free and Reduced School Meals Household Application

Fulton County School

Please refer to instructions on back. Use Black Ink. Complete one application per household.

1 List Students Living in Household Attending Fulton County Schools

Print Neatly with BLACK INK student name, birth date, grade, school code, put an X in the box for Foster Child and income of EACH ENROLLED child if applicable.

Print Name for ALL Students Attending Fulton County Schools		Date of Birth	Grade	School Code (See back cover)	Foster Child Check the box for each foster child	Box MUST be checked if No Income	STUDENT'S Monthly Income if any	Check the box for any child(ren) who did not receive free/reduced meals in Fulton County Schools last year.
First Name	MI	Last Name	MM	DD	YY		\$	
Bobby	M	Roberts	08	22	88		150	
Renee	L	Roberts	09	24	91	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Susan	K	Roberts	12	01	93	<input checked="" type="checkbox"/>		
Michael	J	Roberts	10	30	98	<input checked="" type="checkbox"/>		

2 List the case number for any household member (including adults) receiving SNAP or TANF benefits and skip Part 4 then sign the application in Part 6. Name _____ Case Number _____

3 HOMELESS, MIGRANT, RUNAWAY If the child you are applying for is homeless (H), migrant (M), or a runaway (R), place an X in the appropriate box and call your homeless liaison/ migrant coordinator at 404-763-5600 Ext. 216. H M R

4 List All Other people living in Household. DO NOT INCLUDE Students already listed above.

Print first and last name of all adults and children not listed above	Box MUST be checked if No Income	Earnings from Work Before Deductions: (Monthly)	Welfare Payments, Child Support/Alimony (Monthly)	Pay from Pensions, VA Benefits, Retirement / Social Security (Monthly)	Any Other Income (Monthly)
Louise Roberts	<input type="checkbox"/>	\$ 3000	\$	\$	\$
Frank Roberts	<input type="checkbox"/>	\$ 4000	\$	\$	\$
Gloria Roberts	<input checked="" type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$

6 CERTIFICATION: I certify (promise) that all information on this application is true and correct, that all income is reported and/or the SNAP or TANF case number is correct. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

SIGNATURE: An adult household member must sign the application. If part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "X here if you do not have a Social Security Number" box. (See Privacy Act Statement on back of the page.)

Last 4 Digits of the ADULT Social Security Number
 *** - ** - 7777 X here if You DO NOT have a SSN

X Louise Roberts
 ADULT SIGNATURE REQUIRED

To Determine Monthly Income: Weekly X 52 and divide by 12, Every Two Weeks X 26 and divide by 12 or Twice a month X 24 and divide by 12.

5 ENTER THE TOTAL NUMBER OF HOUSEHOLD MEMBERS (Add the Names listed in Parts 1&4)

7 Mailing Address _____ Apt # _____ Home Phone _____
 City _____ Zip _____ Work/Cell Phone _____

Children's Ethnic and Identifications (optional)
 Choose one ethnicity Hispanic or Latino Asian White

Sample
 Required Information for Income Approved Application

DATE SIGNED 08 31 10
 Return to School Cafeteria Manager
 of The Youngest Child