2015-2016 Pennsylvania Free and Reduced Price School Meals/Special Milk Program Household Application

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

Apply online at
https://www.paschoolmeals.com

STEP 1 — All Children in School in the Household

Student ID	Last Name	First Name	MI	Date of Birth	Grade	F	H	M	R	HS

F = Foster, H = Homeless, R = Runaway, M = Migrant, and HS = Head Start

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? **Circle one:** Yes / No

If you answered NO > Complete STEP 3. **If you answered YES** > Write the case number then skip to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) **even if they do not receive income.** For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name (First and Last) — **Gross income and how often it is received: W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly

Earnings from Work	How Often?	Public Assistance / Child Support / Alimony	How Often?	Pensions / Retirement / All Other Income	How Often?

Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another 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."

Printed name of adult completing the form | Signature of adult completing the form | Today's Date

Street Address (if available) | City | State | ZIP Code

P A

Home Phone Number | Work Phone Number | Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White