APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.												SCHOOL USE ONLY				
1. All Household Members (Attach another sheet of paper if necessary.) Elgin Math and Science (EMSA)														e Application		
NAMES OF ALL HOUSEHOLD MEMBER: First, Middle Initial, Last	(for Student School	(for Student only) School Name			or Student only) Grade	tonly)  SNAP OR TANF CASE NUM  4 if you list a SNAP or TANF case n TANF must be provided below. If yo not directly certified for free meals, y household size and income.				case nu	mber. A	mber. At least one SNAP/ Fos receive Medicaid and were Chi				
*A foster child is the legal responsibility of a welfare agency or court.  2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)  Homeless Migrant Runaway Head Start  Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director  Date																
3. Total Household Gross Income (before deductions) You must tell us how much and how often.																
GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)																
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		s From Work Deductions)		. Welfare, Child Support, Alimony			D. Pensions, Retirement, Social Security					E. Worker's Comp., Unemp ment, SSI, etc. (All other inco				
	Amount	. ,		t	How often?		Amount		H	How often?		Amount		How often?		
i.	\$		\$			\$	3					\$				
ii.	\$		\$			\$	3					\$				
iii.	\$		\$			\$	;					\$				
iv.	\$		\$			\$	3					\$				
V.	\$		\$			\$	;					\$				
4. Signature and Social Security																
An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box.  I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.																
Date	Printe	d Name of Adult	Household	Member			Sig	nature	e of A	dult H	lousel	hold N	1embe	r		
5. Contact Information (Optional)  Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)																
work Telephone Number (Include Area (	20ae) ноте	Telephone Num	iber (include	Area Co	oae)	H	ome A	aaress	s (IVUr	nber,	Street	t, City,	State	, ∠ıp (	Coae)	
6. Children's Racial and Ethnic Identities (Optional)  Mark one ethnic identity:  Mark one or more racial identities:																
☐ Hispanic/Latino       ☐ Asian       ☐ Black or African American       ☐ Native Hawaiian or Other Pacific Islander         ☐ Not Hispanic/Latino       ☐ White       ☐ American Indian or Alaska Native																
– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –																
INITIAL DETERMINATION																
TOTAL   Per:   Wee	Every 2	Twice a  Month	Month	Year	NUMBER HOUSER	R IN HOLD:			NGE II	N				Date	)	
LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.  Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12																
☐ Free based on: ☐ homeless ☐ SNAP ☐ migrant ☐ foster ☐ runaway ☐ house ☐ Head Start	or TANF	Reduced base househo	ld's income	ir	ed—Rea icome to icomplete ion-qualify	o high e appl	licatior				ate Witl	hdrawn:				
		Digitalaro of D														