

Household Application for Free and Reduced-Price School Meals

ST. JOHN'S LUTHERAN SCHOOL
Arnold, MO

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members

If more spaces are required for additional names, attach another sheet of paper.

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

| Child's First Name | MI | Child's Last Name | Grade | School the child attends or NA if not in school |
|--------------------|----|-------------------|-------|---|
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STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: SNAP, TANF, or FDPIR?

☐ 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: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

See "Sources of Income" on back page for more information.

Child Income

Children in the household may earn income. Please provide the TOTAL gross income earned by all children listed in STEP 1 here.

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

All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total **gross** income (before taxes) for each source in whole dollars only (no cents). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

| Name of Adult Household Members (First and Last Name) | Gross Earnings | How often? | | | | Public Assistance Child Support Alimony | How often? | | | | Pensions Retirement Other Income | How often? | | | | | | |
|---|----------------|------------|-----------|----------|---------|---|------------|-----------|----------|---------|--|------------|-----------|----------|---------|--|--|--|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly | | | |
| | \$ | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |

Total Household Members (Children and Adults)

| | |
|--|--|
| | |
|--|--|

STEP 4 Contact information and adult signature Return completed form to your school.

- ☐ I certify that all information on this application is true and that all income is reported.
- ☐ I have attached documentation to verify the income information (see page 2).
- ☐ I am aware that if I purposely give false information, my children may lose meal benefits.

| | | | | | | | |
|---|--|-------|--|-------|-----|-------------------|-------|
| Street Address (if available) | | Apt # | City | State | Zip | Daytime Phone | Email |
| Printed Name of Adult completing this application | | | Signature of Adult completing this application | | | Application Date. | |

