

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?
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M

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

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
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 White



SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Guidance Counselors**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Building Principals**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **BCTC and IU Programs**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Mrs. Jennifer Wilinsky at 610-693-8553 or e-mail at j_wilinsky@conradweiser.org.

Return this form to: **44 Big Spring Rd. Robesonia, PA 19551 by September 30, 2015.**