

If any child(ren) referenced above receive SNAP, TANF, and/or Medicaid benefits, please list the appropriate case number(s) here:

SNAP/TANF case number _____

Medicaid case number _____

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Household Member Completing the Form (printed)

Signature

Today's Date

Street Address (if available), Apt #

City

State

Zip Code

(_____) _____

Daytime Phone

Email (optional)

CHECKLIST

- Have you included all of your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Economically Disadvantaged (meeting income and household guidelines) _____
Non-Economically Disadvantaged (NOT meeting income and household guidelines) _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

IMPORTANT NOTES: Federal regulations mandate that all costs associated with distributing, collecting, and reviewing these household income forms must be paid with funds outside of the nonprofit school food service account. School food service personnel are not allowed to be involved in this process unless their labor expenses are paid by an alternative funding source outside of the nonprofit school food service account. All documentation is subject to federal and state audits.