

SHELBY COUNTY SCHOOLS 2017-2018 Application for Free and Reduced Price School Meals

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A BLACK PEN (not a pencil).

Apply Online at:
www.myschoolapps.com

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

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Birthdate (Optional)			Grade	School Code (Optional)	Student?		Foster Child	Homeless, Migrant, Runaway
			M	M	D			D	Y		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDIPIR?

If NO, complete STEP 3. If YES, write only one case number here then go to step 4. (DO NOT complete STEP 3) Case Number:

3 Report Income for ALL Household Members (Skip this step if you checked one of the boxes in STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in Step 1 here.

B. 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 (promising) that there is no income to report."

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Name of Adult Household Members (First and Last)	Earnings from Work	Fill in Circle How Often ?		Public Assistance /Child Support/Alimony	Fill in Circle How Often ?		Pay from Pensions/Retirement/All Other Income	Fill in Circle How Often ?	
		Monthly	Bi-Weekly		Weekly	2x Month		Monthly	Bi-Weekly
	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS (Children and Adults) HERE Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member * * * - * * - Check if no SSN

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."

Address (If Available) Apt # City State Zip Daytime Phone (optional)

PRINT HERE **SIGN HERE** Today's Date Email Address (optional)

Children's ethnic/race identities (optional): Choose one Ethnicity: HISPANIC/LATINO NOT HISPANIC/LATINO Choose one or more (regardless of Ethnicity): WHITE ASIAN BLACK or AFRICAN AMERICAN AMERICAN INDIAN or ALASKAN NATIVE NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

Return completed application to your school or mail to: P.O. Box 1910 Columbiana, AL 35051

