

**State of Pennsylvania
Family Meals Application 2016 - 2017**

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	Foster	Homeless	Migrant	Runaway	Head Start
						<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

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 a case number then skip to STEP 4.

Case Number:

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STEP 3 — All Household Member Income (even if they do not receive 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	

Total Household Size
(Children and Adults)

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Last Four Digits of Social Security Number (SSN) of
Primary Wage Earner or Another Adult Household Member

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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

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Signature of adult completing the form

X

Today's Date

M	M	D	D	Y	Y
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Street Address (if available)

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City

--

State

P	A
---	---

ZIP Code

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Home Phone Number

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Work Phone Number

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Email

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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

