

St. Gregory the Great Catholic School J, 2015-2016 Multi-Use Application for Reduced-Price School Meals
 Complete one application per household. Please use a pen (not a pencil). Apply online at www.stgregorys.net

Step 1
 Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related. Please read the directions for more information.
 Children in Foster care: children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals.

List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name: First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District?		Check all that apply:		Foster	Head Start	Homeless	Migrant	Runaway
				Yes	No	Yes	No					
1.				<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"/>
2.				<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"/>
3.				<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"/>
4.				<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"/>
5.				<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"/>
6.				<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"/>

Step 2
 Please read the directions for more information.
 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?
 If No, go to Step 3
 If Yes > Write the Eligibility Determination Group Number (EDG) in this space _____ skip Step 3, and go to Step 4.

Step 3
 Please read the directions for more information.
Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).
 A. Income for Children in the Household
 Record total income by frequency for all children listed in Step 1. \$ _____ Weekly \$ _____ Every 2 Weeks \$ _____ Twice per Month \$ _____ Monthly \$ _____ Annually \$ _____
 B. Income for 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 income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$							
2.	\$							
3.	\$							
4.	\$							
5.	\$							

Total Household Members (Children & Adults) _____ Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form: XXX-XX-_____
 Check if no SSN

Step 4
 Please read the instructions for more information.
 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.

Street Address/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____
 Printed Name of Adult Completing the Form _____ Signature of Adult Completing the Form _____ Today's Date _____