Student Name    School   Grade/Teacher   Foster Child   Migrant, Runaway	Date Withdrew				FR	D	
Name of household member (Children has be no income). Child Support Lange from units. You wanter 'United Support 'U		2023-2024 App	olication for Free and	Reduced Price School	ol Meals/Milk		
18.8 Main Street Massena NY 13662  1. List all children in your household who attend school:  Student Name School Grade/Teacher Foster Child Migrant. Student Name School Grade/Teacher Foster Child Runaway  2. SNAP/TANF/FDPIR Benefits. If anyone in your household meches selher SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4 and sign the application.  Assent all income for ALL Household Members (Skip this step if you completed step 2) All Household members including yourself and all children that have income.  List all Household members including yourself and all children that have income.  List all Household members including yourself and all children that have income.  List all Household members including yourself and all children that have income.  List all Household members including yourself and all children that have income.  List all Household members including yourself and all children that have income.  List all Household Members (including yourself and all children that have income.  List all Household members including yourself and all children that have income.  List all Household Members (including yourself and all children that have income.  List all Household Members (including yourself and all children that have income.  Anount / How Often A	household, sign your name	and return it to the a	r children, read the inst ddress listed below. (	ructions on the back, c Call <u>1-315-764-0012</u> if	complete <b>only one</b> fo you need help. Add	orm for your itional names	
Student Name    School   Grade/Teacher   Foster Child   Chameless   Grade/Teacher   Foster Child   Chameless   Grade/Teacher	Return Completed Applica	188	Main Street				
2. SNAP/TANF/PDIR Benefits: If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4 and sign the application.  Name:  CASE #:		d who attend school:	School	Grade/Teacher	Foster Child	Runaway	
2. SNAP/TANF/PDR Benefits: If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4 and sign the application.  Name:							
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If anyone in your household receives either SNAP, TANF or FOPIR benefits, list their name and CASE # here. Skip to Part 4 and sign the application.  Name:					Contract to the second		
All Household Members (including yourself and all children that have income). 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 for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fiel blank, you are certifying (promising) that there is no income to report.    Name of household member   Earnings from work before deductions   Amount / How Often   S	If anyone in your household receive				Part 4 and sign the app	lication.	
All Household Members (including yourself and all children that have income). 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 for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fiel blank, you are certifying (promising) that there is no income to report.    Name of household member   Earnings from work before deductions   Amount / How Often   S	3. Report all income for ALL House	ehold Members (Skip this st	ep if you completed step 2)				
\$	List all Household members not list income, report total income for each blank, you are certifying (promising	ted in Step 1 (including your th source in whole dollars or that there is no income to Earnings from work before deductions	rself) even if they do not receive incorport.  Child Support, Alimony	Pensions, Retirement Payments	Other Income, Social Security	No No	
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\$   S   / S   S							
\$	N	\$/	\$/				
Total Household Members (Children and Adults)  *Last Four Digits of Social Security Number: XXX-XX		\$/	\$/	\$/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Total Household Members (Children and Adults)  "Last Four Digits of Social Security Number: XXX-XX		\$/	\$/	\$/	\$/	_	
"Last Four Digits of Social Security Number: XXX-XX		\$/	\$/	\$/	\$/	_	
4. Signature: An adult household member must sign this application before it can be approved.  1 certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.    Date:	Total Household Members (Children and Adults)  *Last Four Digits of Social Security Number: XXX-XX SS#   SS#   *Last Four Digits of Social Security Number: XXX-XX						
Certify (promise) that all the information on this application is true and that all income is reported. Tunderstand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.    Signature:	*When completing section 3, an ad- box" before the application can be a	uit nousenoid member mus approved.	t provide the last lour digits o	Title Coolai Cooliny Italia	, or (00m) or main and		
5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.  Ethnicity:	I certify (promise) that all the inform will get federal funds; the school off federal laws, and my children may I Signature:	nation on this application is transfer in the information of the infor	true and that all income is repartion and if I purposely give f	alse information, I may be p  Date:	rosecuted under applicab	le State and	
5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.  Ethnicity:	Email Address: Home Phone:	Work Phone:	Hor	ne Address:			
Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12  SNAP/TANF/Foster Income Household: Total Household Income/How Often:   Household Size: Free Meals	5. Ethnicity and Race are optional;	responding to this section of	loes not affect your children's	s eligibility for free or reduce	d price meals.	_	
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Income Household: Total Household Income/How Often:   Household Size:	THE RESERVE OF THE PROPERTY OF	ual Income Conversion (Only	convert when multiple incon	ne frequencies are reported o	n application)		
Signature of Reviewing Official Date Notice Sent:	☐ Income Household: Tot☐ Free Meals ☐	al Household Income/How Of Reduced Price Meals	îten: /	Household	Size:		