

Household Application for Free and Reduced Price School Meals

ST. JOHN'S LUTHERAN SCHOOL
Arnold, MO

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

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."

Child's First Name	MI	Child's Last Name	Grade	School the child attends or NA if not in school

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

☐ Yes ☐ No

If you answered **NO**, Complete STEP 3.

If you answered **YES**, Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

See "Sources of Income" on back page for more information.

Child Income

Children in the household may earn income. Please provide the TOTAL gross income earned by all children listed in STEP 1 here.

Child income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 that there is no income to report.

Name of Adult Household Members (First and Last Name)

Name of Adult Household Members (First and Last Name)	Gross Earnings	How often?				Public Assistance Child Support Alimony	How often?				Pensions Retirement Other Income	How often?						
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly			
	\$																	
	\$																	
	\$																	

Total Household Members (Children and Adults)

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STEP 4 Contact information and adult signature Return completed form to your school.

- ☐ I certify that all information on this application is true and that all income is reported.
- ☐ I have attached documentation to verify the income information (see page 2).
- ☐ I am aware that if I purposely give false information, my children may lose meal benefits.

Street Address (if available)		Apt #	City	State	Zip	Daytime Phone	Email
Printed Name of Adult completing this application		Signature of Adult completing this application			Application Date.		

INSTRUCTIONS

2019-2020 School Year Eligibility Criteria

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$16,237	\$1,354	\$313	\$23,107	\$1,926	\$445
2	\$21,983	\$1,832	\$423	\$31,284	\$2,607	\$602
3	\$27,729	\$2,311	\$534	\$39,461	\$3,289	\$759
4	\$33,475	\$2,790	\$644	\$47,638	\$3,970	\$917
5	\$39,221	\$3,269	\$755	\$55,815	\$4,652	\$1,074
6	\$44,967	\$3,748	\$865	\$63,992	\$5,333	\$1,231
Each add'l member	+ \$5,746	+ \$479	+ \$111	+ \$8,177	+ \$682	+ \$158

INSTRUCTIONS

Income Verification Info

NOTE: YOU MUST ATTACH PROOF OF ASSISTANCE OR INCOME WITH THE APPLICATION.

TANF or SNAP. Provide a copy of card or letter with beginning and ending dates of the program certification period.

If you reported sources of income on page 1, provide a copy of (choose all that apply):

- Two paycheck stubs or pay envelopes (within two months of the application) that show how often it is disbursed.
- Letter from employer stating gross wages earned and how often they are disbursed.
- Social Security retirement benefit letter.
- Statement of benefits received.
- Pension award notice.
- Notice of eligibility from State Employment Security Office for unemployment compensation.
- Letter from Workers' Compensation.
- Court decree, agreement or copies of checks received for alimony or child support.
- If you have other forms of income (such as rental income), attach information which shows the amount of income received, how often it is received, and he date received.

INSTRUCTIONS

Source of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Gross earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Social Security Disability payments Survivor's benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
<ul style="list-style-type: none"> Income from person outside the household 	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance, Alimony, Child Support	Pensions, Retirement, All Other Income
<ul style="list-style-type: none"> Gross salary, wages, cash bonuses Net income from self-employment (farm or business); FARM—refer to line 18 of the 1040 or line 34 from Schedule F; BUSINESS—refer to line 12 of 1040 or line 31 from Schedule C. <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

DO NOT FILL OUT

For School Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

Total Income

How often?

Weekly

Bi-Weekly

2x Month

Monthly

Yearly

Household Size

Categorical Eligibility

Eligibility

Free

Reduced

Denied

Date Denied

Reason for Denial or Withdrawal

Determining Official's Signature

Date