

APPLICATION FOR MEAL and/or FEE ASSISTANCE

PLEASE COMPLETE AND RETURN WITH YOUR PROOF OF INCOME/ELIGIBILITY

SUPPLYING FALSE INFORMATION TO OBTAIN FREE MEALS IS A CLASS 4 FELONY (720ILCS5/17-6)

Part 1. List ALL Household Members

Print Name(s)	Student ID #	SNAP or TANF Case #

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Go to Part 4

Part 3. Total Household Income

Name	GROSS amount /(how often?) weekly OR biweekly OR 2/month OR annual				
Household member with income	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, Social Security	Unemploy., Workers Compen., etc.	other (savings)
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 4. Signature, Address, Phone Number and Social Security Number

I CERTIFY(PROMISE) ALL INFORMATION ON THIS APPLICATION IS TRUE AND ALL INCOME IS REPORTED. I UNDERSTAND THAT THE SCHOOL WILL GET FEDERAL FUNDS BASED ON THE INFORMATION I GIVE. I UNDERSTAND SCHOOL OFFICIALS WILL CHECK THE INFORMATION. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE INFORMATION, MY CHILDREN MAY LOSE MEAL BENEFITS AND I MAY BE PROSECUTED.

Signature: _____ Address: _____ Phone # _____

Social Security number XXX-XX-____ I do not have a social security number

Stop Here - School Use Only

Household size _____ Income/Frequency _____

Eligibility: FREE _____ REDUCED _____ DENIED _____ (reason)

completed by: _____ date: _____