

APPLY ON-LINE AT NUTRITION.DADESCHOOLS.NET FOR FASTER PROCESSING OR COMPLETE THIS FORM FOR YOUR HOUSEHOLD

MIAMI-DADE COUNTY PUBLIC SCHOOLS Application for Free and Reduced Price Meals

READ INSTRUCTIONS ON BACK. USE BLACK INK. PRINT NEATLY WITHIN BOXES. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD.

STEP 1 STUDENT INFORMATION - Print the birth date, name, grade and school of EACH child who will attend school this year.

Children in Foster care and children who meet the definition of Homeless, Migrant, Runaway or Head Start are eligible for free meals. Place a check in the box if a student is a foster, homeless, migrant, runaway or Head Start. For Homeless or Runaway Student status confirmation call 305-985-7318. For Migrant status confirmation call 305-258-4115.

Student ID Number	Student's Birth Date	Student's Last Name	Student's First Name	Grade	School Name	Foster Child	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"/>

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

Yes If you answered YES Write a case number here then go to STEP 4 (Do not complete STEP 3) SNAP, TANF OR FDIPIR CASE NUMBER: _____
 No If you answered NO Complete STEP 3. Write only one case number in this space. _____

STEP 3 Report income for All Household Members

A. STUDENT INCOME: Sometimes Students in the household earn income. Please include the TOTAL income earned by all Students listed in STEP 1 here.
 Pay Period: 1W = Weekly, 2W = Every Two Weeks, M = Monthly, 2M = Twice a Month. \$ _____

B. ALL OTHER 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 for each source in whole dollars only. 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. Report all income earned before taxes and deductions and mark the appropriate pay period.
 Pay Periods: 1W = Weekly, 2W = Every Two Weeks, M = Monthly, 2M = Twice a Month.

Name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often?	Public Assistance/Child Support/Alimony	How Often?	Pensions/Retirement/All Other Income	How Often?
List All	\$ _____	(W) (2W) (M) (2M)	\$ _____	(W) (2W) (M) (2M)	\$ _____	(W) (2W) (M) (2M)
Other	\$ _____	(W) (2W) (M) (2M)	\$ _____	(W) (2W) (M) (2M)	\$ _____	(W) (2W) (M) (2M)
Family	\$ _____	(W) (2W) (M) (2M)	\$ _____	(W) (2W) (M) (2M)	\$ _____	(W) (2W) (M) (2M)
Members	\$ _____	(W) (2W) (M) (2M)	\$ _____	(W) (2W) (M) (2M)	\$ _____	(W) (2W) (M) (2M)

Total Household Members (Children and Adults) add the Names listed in Sections 1 and 3. Last Four Digits of Social Security Number (SSN) or Primary Wage Earner or Other Adult Household Member Check if NO SSN

OPTIONAL Kid Care Waiver

If your child DOES NOT have health insurance, initial here and see the back for insurance contact information.

RETURN THIS APPLICATION TO THE SCHOOL WHERE YOUR YOUNGEST CHILD ATTENDS

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.

Signature of adult completing the form: _____
 Today's date: _____

LAST NAME, FIRST _____
 Daytime Telephone Number (_____) _____

EMAIL ADDRESS _____

SCHOOL USE ONLY

Work Location # _____ Date: ____/____/____
 ADMINISTRATIVE APPROVAL
 Initials _____
 If the child is a runaway (R) or other (O), place an X in the appropriate box and sign the application in Section 8. R O



ENGLISH 151893902 / 070715