2020-2021 2020-2021 **COMPLETE ONE APPLICATION PER HOUSEHOLD** 2020-2021 2020-2021

2020 - 2021 JEFFERSON COUNTY SCHOOLS Family Application for Free and Reduced Price Meals

Read How to apply for Free and Reduced Price School Meals for more information. Complete one application per household. Please use a pen (not a pencil).

Apply online at: **family.titank12.com**

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (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."
Children in **Foster care** and children who meet the definition of **Homeless**, **Migrant** or **Runaway** are eligible for free meals.

Lunch Number (Optional)	Child's Birth Date (Optional)	Child's First Name	MI	Child's Last Name	Grade	Student? Yes	Student? No	Check all that apply: Foster Child	Check all that apply: Homeless, Migrant, Runaway
						☐	☐	☐	☐
						☐	☐	☐	☐
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STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

CASE NUMBER: ☐☐☐☐☐☐☐☐ Write only one case number in this space.

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

A. Child Income. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: $ ☐☐☐☐ How often? ○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly

Are you unsure what income to include here?
Flip the page and review the charts titled "Sources of Income" for more information. The "**Sources of Income for Children**" chart will help you with the Child Income section. The "**Sources of Income for Adults**" chart will help you with the All Adult Household Members section.

B. 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 (no cents) 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.

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?
	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly
	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly
	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly
	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly
	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly	$ ☐☐☐☐	○ Weekly ○ Bi-Weekly ○ 2x Monthly ○ Monthly

C. Total Household Members (Children and Adults) ☐☐

D. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

XXX-XX-☐☐☐☐

Check if NO SSN ☐

STEP 4 Contact information (Printed) and adult signature. Mail or return completed form to: Child Nutrition Programs - 2100 18th Street South - Birmingham, AL 35209

"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 (if available) | Apt# | City | State | Zip | E-mail Address (Optional)

☐☐☐ - ☐☐☐ - ☐☐☐☐ Daytime Telephone Number (Optional)

FIRST NAME of adult completing the form

LAST NAME of adult completing the form

X Signature of adult completing the form

☐☐/☐☐/☐☐☐☐ Today's date

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

ETHNICITY (check one)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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