2009-2010 Family Application For Special Milk Program Benefits

Meriden Public Schools

Read Instructions On Back. Use Black Ink. Print Neatly Within Boxes and Avoid Stray Marks. Please Use CAPITAL LETTERS. Complete One Application Per Household Or Per Foster Child.

1 FOSTER CHILD
EACH FOSTER CHILD MUST BE ON A SEPARATE APPLICATION

☐ X here if this application is for a child who is the legal responsibility of a welfare agency or court AND list the child's personal use income and frequency to the right. Write "0" if child does not receive any personal use income.

$ _____ . __ Freq

2 HOMELESS or RUNAWAY If the child for whom you are applying is homeless (H) or a runaway (R), place an X in the appropriate box and call Fernando Tiago (203)630-4192. H R

3 STUDENT INFORMATION: Fill out the student information below for ALL STUDENTS CURRENTLY ENROLLED at a public school in this district. If this application is for a Foster Child, list only one foster child here - DO NOT list any other students here with the Foster Child.

Student ID (if available)	First Name (legal)	MI	Last Name	Date of Birth M M D D Y Y	School Code	Grade	Food Stamp

Special Milk Program

4 HOUSEHOLD MEMBERS Include ALL other household members and their income. Do not include students above unless student receives regular income. LIST TOTAL GROSS INCOME before taxes and deductions and, in "Freq" box, HOW OFTEN INCOME IS RECEIVED (W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly). Check "No Income" box or enter income amount where applicable but do not put "NONE" or "NA".

Print legal first and last name of other adults and children, including suffix (Jr, Sr) if applicable.	No Income	Earnings from Work Before Deductions	Freq	Welfare Payments, Child Support/Alimony	Freq	Pay from Pensions, Retirement/ Social Security	Freq	Temporary Income	Freq
EXAMPLE: Joseph Smith, Jr.	☐	200.00	T	500.00	M			1200.00	M
	☐								
	☐								
	☐								
	☐								
	☐								
	☐								

5 ☐☐ ENTER THE TOTAL # OF PEOPLE RESIDING IN YOUR HOUSEHOLD (from parts 3 & 4)

6

MAILING Address _____ Apt # _____

City _____ State _____ Zip _____ ( ) _____ - _____

DAYTIME Telephone Number

7 CERTIFICATION: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal Funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under state and federal statutes.

ADULT SIGNATURE REQUIRED

X _____

FIRST NAME (clearly print) _____

LAST NAME (clearly print) _____

DATE SIGNED M M D D Y Y

8 The adult who completed this application must sign and include their Social Security Number (SSN). A SSN is NOT required on Food Stamp, TANF, or Foster Child Applications. If you DO NOT have a SSN, place an X in the box.

___ - __ - ____ ADULT Social Security Number

☐ X Here if You DO NOT have a SSN

9 Race (Optional)

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

Ethnicity (Optional) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

SCHOOL USE ONLY

Household Size _____ Total Income _____ . __ Freq _____ Eligibility Code E

Signature of Determining Official _____ Date Notice Sent: _____

Notes: _____