

# 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 biwly OR 2/month OR annual				
Household member with income	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, Social Security	Unemply., 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: \_\_\_\_\_