

If any child(ren) referenced above receive SNAP, TANF and/or Medicaid benefits, please list the appropriate case number(s) here:

SNAP/TANF case number _____

Medicaid case number _____

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Household Member Completing the Form (printed)

Signature Today's Date

Street Address (if available), Apt # City State Zip Code

() _____
Daytime Phone Email (optional)

CHECKLIST

- Have you included all of your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Status: Eligible for a waiver of certain school fees _____
Eligible for a reduction of certain school fees _____
Not eligible for a reduction or wavier of certain schoolfees _____

Signature (of school or district staff): _____

Print Name: _____

Date: _____