

**STEP 1** List ALL Household members who are infants, children, and students up to and include grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child,s First Name	MI	Child's Last Name	School	Grade	Student? Yes	No	Foster Child	Homeless
					<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, TAF, or FDIPIR?

**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:**

**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  \$  weekly bi-weekly 2x month monthly

**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 if Adult Household Members (First and Last)	Earnings from Work / Public Assistance/ Child Support/Alimony	How Often	Bi-Weekly	2x Monthly	Monthly
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total Household Members (Children and Adults)**

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

**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 LTCS funds, and that school officials will verify (check) the information. I am aware if I purposely give false information, my children will lose meal benefits, and I may be prosecuted under applicable State and Federal laws"

<input type="text"/> Street Address	<input type="text"/> Apt #	<input type="text"/> City	<input type="text"/> State and Zip Code
<input type="text"/> Printed Name of adult signing the form		<input type="text"/> Signature of Adult	