## TOWNSHIP HIGH SCHOOL DISTRICT 211 APPLICATION FOR MEAL WAIVER

Complete One Application Per Household Per School District (See attached instructions)													SCHOOL USE ONLY					
1. All Household Members (Attach another sheet of paper if necessary.)																		
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last  (for Student only) School Name						(for Student only)	SNAP OR TANF CASE NUM! 4 if you list a SNAP or TANF case nu TANF must be provided below. If you not directly certified for free meals, yo household size and income.					ımber. A ı receive	t least of Medica	Check if Foster Child*				
2. Homeless, Migrant, Runaway  — Homeless — Migrant — F	<b>, or He</b> Runaway		rt (Categoric lead Start	Signature of	-	ool Homeless	s Liaisor	n, Migra						ity of a	velfare	agency or court.  Date		
3. Total Household Gross Incor	ne (bef	ore de	ductions) Yo	u must tel	ll us h	ow muc	h an	d ho	w ofte	en.								
GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)  NAMES																		
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)					/elfare, Coport, Ali						Retirement, Security			orker's SSI, e	., Unemploy- other income)			
WITH INCOME)	Am	nount	How often?	Amount		How often?			How often?		en?	Amount		$\Box$	How often?			
i.	\$			\$			\$						\$					
ii.	\$			\$			\$						\$					
iii.	\$			\$			\$					\$						
iv.	\$			\$			\$					\$						
V.	\$			\$			\$						\$					
4.01		/ A . I																
An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box.  I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.																		
 Date		Printed	Name of Adult	Household N	Membe	r ———		Sig	nature	of A	dult H	ouseh	old Me	embei				
Date Printed Name of Adult Household Member Signature of Adult Household Member  5. Contact Information (Optional)																		
Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)																		
6. Children's Racial and Ethnic Identities (Optional)																		
Mark one ethnic identity:  Mark one or more racial identities:  Hispanic/Latino  Not Hispanic/Latino  Mark one or more racial identities:  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  American Indian or Alaska Native															slander			
- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY-																		
INITIAL DETERMINATION																		
TOTAL   Per: W		Every 2 Weeks	Twice a Month	Month [	☐ Year	NUMBER HOUSER				NGE I	N				Date			
LEAs must annualize income only when mu Annual Income Conversion Weekly X 52						ce a Month	n X 12											
☐ Free based on: ☐ homeless ☐ migrant ☐ runaway ☐ Head Start ☐ Signature of Determining Official ☐ Denied—Reason: ☐ income too high ☐ incomplete application ☐ incomplete application ☐ Non-qualifying SNAP/TANF ☐ Date ☐ Date: ☐ Denied—Reason: ☐ income too high ☐ incomplete application ☐ Non-qualifying SNAP/TANF ☐ Date ☐ Date: ☐ Date: ☐ Denied—Reason: ☐ income too high ☐ incomplete application ☐ Non-qualifying SNAP/TANF ☐ Date: ☐ Date: ☐ Date: ☐ Denied—Reason: ☐ income too high ☐ incomplete application ☐ Non-qualifying SNAP/TANF ☐ Date: ☐																		
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