

Preschool Only

Part 1. Children in School (Use a separate application for each foster child)

NAMES OF ALL CHILDREN IN SCHOOL		Food Stamp or Tanf Case# (if any per child)	
(First, Middle Initial, Last)	(School Name)	(Grade)	

Part 2. Homeless, Migrant, or a Runaway <input type="checkbox"/> Homless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	(Signature of Your School Homeless Liaison or Migrant Coordinator) _____	(Date) _____
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Part 3. Foster Child

If this child is the legal responsibility of a welfare agency or court, check box at left. List the amount of the child's personal use monthly income. If none, indicate \$0.00 \$ _____

Part 4. Total Household Gross Income (before deductions) You must tell us how much and how often.

1. Names (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example:\$100/month; \$100/twice a month\$100/every other week; \$100/week)				3. Check if NO income
	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Worker's Comp., Unemployment, etc. (All Other Income) SSI,	
A.	/	/	/	/	<input type="checkbox"/>
B.	/	/	/	/	<input type="checkbox"/>
C.	/	/	/	/	<input type="checkbox"/>
D.	/	/	/	/	<input type="checkbox"/>
E.	/	/	/	/	<input type="checkbox"/>

Part 5. SIGNATURE (Adult must sign)

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.

_____	_____	_____	_____
Date	Printed Name of Adult Household Member	Signature of Adult Household Member	Address of Adult Household Member