

Preschool Only

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

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

<b>Part 2. Homeless, Migrant, or a Runaway</b> <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 <small>(LIST EVERYONE IN HOUSEHOLD)</small>	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 fromWork <small>(Before Deductions)</small>	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
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