

2010-2011 Multi-Child Application for Free or Reduced-Price School Meals

USE BLACK INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD; OR ONE FOR EACH FOSTER CHILD.

PLEASE READ INSTRUCTION PAGE BEFORE COMPLETING THE APPLICATION.

HOUSEHOLDS WITH A FOSTER CHILD: IF a child living with your household is the legal responsibility of a welfare agency or court, check here List the child's name and personal use income in parts 2 and 3, checking box if there is no income; then skip to part 5.



STUDENTS ATTENDING ST VRAIN VALLEY SCHOOL DISTRICT

Legal First Name	MI	Legal Last Name	Birthdate			Grade	School Name	SNAP Number	Check Box if No Income	STUDENT'S Gross Income	
			M	D	Y					How Often ?	How Often ?
											<input type="checkbox"/> Monthly Every Other WkO <input type="checkbox"/> Weekly Twice A Month O
											<input type="checkbox"/> Monthly Every Other WkO <input type="checkbox"/> Weekly Twice A Month O
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											<input type="checkbox"/> Monthly Every Other WkO <input type="checkbox"/> Weekly Twice A Month O
											<input type="checkbox"/> Monthly Every Other WkO <input type="checkbox"/> Weekly Twice A Month O

LIST ALL ADULTS & CHILDREN NOT ATTENDING THE ST VRAIN VALLEY SCHOOL DISTRICT OR SWSD

Check Box if No Income	Earnings from Work Before Deductions: Job 1	Welfare Payments, Child Support/Alimony	Pay from Pensions, Retirement/Social Security	Job 2 or Any Other Income	Fill in Circle		Fill in Circle	
					How Often ?	How Often ?	How Often ?	How Often ?

5 TOTAL HOUSEHOLD MEMBERS. Add the Names listed in Parts 2 & 4 (Enter 1 if FOSTER)

Address: _____ Apt. # or Lot #: _____ City: _____ State: _____ Zip: _____

6 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information on the application. I also understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Daytime Phone: (____) _____-____ Home Phone: (____) _____-____

7 SIGNATURE: The adult who completed this application must sign and include their Social Security #. A Social Security # is not required on SNAP or Foster Child Applications. If you DO NOT have a Social Security #, put an X in this box. _____ Today's Date: _____

*Adult Household Member Social Security # _____

ADULT HOUSEHOLD MEMBER MUST SIGN **X** SIGN HERE _____ PRINT HERE _____

MAIL TO: SWSD NUTRITION SERVICE, 2929 CLOVER BASIN DRIVE, LONGMONT, CO 80503
If you need information regarding a homeless, migrant, or runaway child, please call 303-702-7793