

# 2016-2017 Application for Free and Reduced Price School Meals

You can apply online from your Family Access Account at [www.ptschools.org](http://www.ptschools.org)

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

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

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

**STEP 2 Do any Household Members (including you) currently participate in one of the following assistance programs: BASIC FOOD, TANF, or FDIPIR? Circle one: Yes/No**

If you answered YES > Complete STEP 3. If you answered 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)**

Write only one case number in this space.

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income: \$

How often? 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 income for each source in whole dollars 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 of Adult Household Members (First and Last)	Earnings from Work				Public Assistance/Child Support/Alimony				Pensions/Retirement/All Other Income				How often?			
	Weekly	Bi-Weekly	2x-Month	Monthly	Weekly	Bi-Weekly	2x-Month	Monthly	Weekly	Bi-Weekly	2x-Month	Monthly	Weekly	Bi-Weekly	2x-Month	Monthly
	\$				\$				\$							
	\$				\$				\$							
	\$				\$				\$							
	\$				\$				\$							
	\$				\$				\$							

Total Household Members (Children and Adults)

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

Check if no SSN

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

Street Address (if available)

Apt.#

City  State  Zip

Daytime Phone and Email (optional)

Signature of adult completing the form

Today's date