

JEFFERSON COUNTY PUBLIC SCHOOLS

5 2 2 0 4 6 5 4 0 8

HOUSEHOLD APPLICATION FOR FREE and REDUCED-PRICE MEALS 2008-2009

PLEASE PRINT NEATLY

PLEASE USE BLUE OR BLACK INK

Part 1 - Student Information - Use an additional application if more than ten (10) Students (if you need help with this application, please call 495-7080) NEW Applications Required Each Year.

For School Food Authority use ONLY

Student ID Number	Print the name of EACH STUDENT ENROLLED		Date of Birth (Optional) mm/dd/yyyy	Grade	School Name	Enter your Case Number and Mark F for Food Stamp or K for K-TAP. If you receive both, provide your K-TAP number.		FOSTER CHILD INFO ONLY	
	First Name	MI				Last Name	Foster Child (X)	Child's Personal Use Income	
1)			/ /						\$
2)			/ /						\$
3)			/ /						\$
4)			/ /						\$
5)			/ /						\$
6)			/ /						\$
7)			/ /						\$
8)			/ /						\$
9)			/ /						\$
10)			/ /						\$

Part 2. Household Members and Income

Name (List everyone in Household including Students listed above)	Check if NO Income	MONTHLY Earnings from Work before deductions			MONTHLY MONTHLY Income BEFORE DEDUCTIONS			MONTHLY Earnings from Job 2 or any other Monthly Income
		Earnings	deductions	Welfare, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Income		
1)	<input type="checkbox"/>	\$		\$		\$		
2)	<input type="checkbox"/>	\$		\$		\$		
3)	<input type="checkbox"/>	\$		\$		\$		
4)	<input type="checkbox"/>	\$		\$		\$		
5)	<input type="checkbox"/>	\$		\$		\$		
6)	<input type="checkbox"/>	\$		\$		\$		
7)	<input type="checkbox"/>	\$		\$		\$		
8)	<input type="checkbox"/>	\$		\$		\$		
9)	<input type="checkbox"/>	\$		\$		\$		
10)	<input type="checkbox"/>	\$		\$		\$		
11)	<input type="checkbox"/>	\$		\$		\$		
12)	<input type="checkbox"/>	\$		\$		\$		