

USE BLACK INK; print neatly within the boxes. Complete one application per household.

Any questions or needing assistance, call 901-389-2497

Apply online: MySchoolApps.com or nutrition@acsk-12.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).**

Student ID (Optional)	Child's First Name	MI	Child's Last Name	MM	Date of Birth			Grade	Student?		Foster Child	Homeless, Migrant, Runaway		
					M	M	Y		Yes	No		H	M	R

**Step 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Yes / No (circle one)**

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3.)

Case Number: Not your card number

**Step 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)**

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

Child Income \$     How Often?\*

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 that 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.

\*Pay Frequency (How Often?): W=Weekly, E=Bi-Weekly, T=2x Month, M=Monthly

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?*	Public Assistance / Child Support / Alimony	How Often?*	Pensions / Retirement All Other Income	How Often?*
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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."

Signer FIRST NAME (clearly print)  Signer LAST NAME (clearly print)  Signature of Adult completing form  Today's Date

MAILING address (if available)  Apt. #  City  State  Zip  Daytime Phone / Email (optional)

**OPTIONAL Children's Racial and Ethnic Identities**

Race: Check One or More  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Ethnicity: Check One  Hispanic or Latino  NOT Hispanic or Latino



