THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA 2005 - 2006 MULTI-CHILD APPLICATION FOR MEAL BENEFITS

USE BLACK INK. PLEASE PRINT ALL INFORMATION.

1 LIST ALL CHILDREN ATTENDING BROWARD COUNTY PUBLIC SCHOOLS (Use a separate application for each foster child.)

Student Number	First Name	MI	Last Name	Birthdate M M D D Y Y	2 School Code	3 Food Stamp or TANF Case # (if any)	4 Student Gross Income $	How Often ?
							$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month
							$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month
							$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month
							$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month
							$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month
							$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month

5 ☐ **THIS IS A FOSTER CHILD** Child's personal use monthly income $ ____ .00 (if none, write 0)
One (1) form for each foster child is required.

6 If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box: ☐ Homeless ☐ Migrant ☐ Runaway (See FAQ for contact information)

7 LIST ALL ADULTS AND HOUSEHOLD MEMBERS NOT LISTED ABOVE

On Payday, How Much Money Did Each Person Earn Before Deductions? How Often Did Each Person Get Paid Last Month?

Print first and last name of all adults and children	Check Box if NO Income	Earnings from All Jobs Before Deductions $	How Often ?	Welfare Payments, Child Support/Alimony $	How Often ?	Pay from Pensions, Retirement / Social Security $	How Often ?	Workers Comp/ Unemployment/ Other Earnings $	How Often ?
	☐	$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month	$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month	$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month	$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month
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	☐	$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month	$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month	$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month	$	○ Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE → ____

Income Example: *How Often?* $ 600 Monthly → $ 600 ● Monthly ○ Every Other Wk ○ Weekly ○ Twice A Month

8 *Adult Household Member Social Security # ____ ____ ____
(See Privacy Act on Prior Page)

If you do not have a Social Security Number mark this box ☐

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.

Signature of ADULT HOUSEHOLD MEMBER Required: X

Today's Date

Address _____ Daytime Phone ( )

City _____ Zip _____ Home Phone ( )

9 If you do not want this application to be used in determining your child's eligibility in other educational programs, then check here: ☐

Signature of parent/guardian _____ Date

Please check the following appropriate racial or ethnic identity of your children (this information is voluntary and will not affect your children's eligibility. This information is being collected only to be sure that everyone receives school meal benefits on a fair basis.

☐ White, not of Hispanic origin. ☐ Black, not of Hispanic origin ☐ Hispanic ☐ Asians or Pacific Islands ☐ American Indian or Alaskan Native