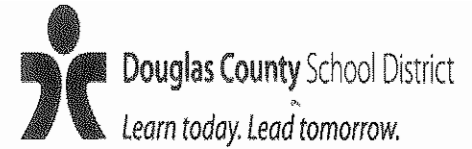


2009-2010 Multi-Child Application for Meal Benefits

USE BLACK INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD.
PLEASE READ INSTRUCTION PAGE BEFORE COMPLETING THE APPLICATION.



Address _____ City _____ Zip _____ Daytime Phone _____ Home Phone _____

1 HOUSEHOLDS WITH A FOSTER CHILD: IF a child living with your household is the legal responsibility of a welfare agency or court, check here
AND list the child's monthly personal use income. Write "0" if the child has no personal use income. Skip to part 5. _____

2 STUDENTS ATTENDING DOUGLAS COUNTY SCHOOLS

Print Name for ALL Students Attending Douglas County Schools

Student's ID #	Legal First Name	MI	Legal Last Name	Birthdate M M D D Y Y	Grade	School Code	SNAP Case #/Food Stamp Case #	STUDENT'S Gross Income How Often ?
_____	_____	_____	_____	_____	_____	_____	_____	\$ _____ <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
_____	_____	_____	_____	_____	_____	_____	_____	\$ _____ <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
_____	_____	_____	_____	_____	_____	_____	_____	\$ _____ <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
_____	_____	_____	_____	_____	_____	_____	_____	\$ _____ <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
_____	_____	_____	_____	_____	_____	_____	_____	\$ _____ <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month

4 LIST ALL ADULTS & CHILDREN NOT ATTENDING DOUGLAS COUNTY SCHOOLS

Check Box if No Income	Employment from Work Before (Job 1)	How Often ?	Welfare Payments (Child Support)	How Often ?	Pay from Pension (Retirement / Social Security)	How Often ?	Job 2 or Any Other Income	How Often ?
<input type="checkbox"/>	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
<input type="checkbox"/>	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
<input type="checkbox"/>	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
<input type="checkbox"/>	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
<input type="checkbox"/>	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	\$ _____	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE → _____

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.

*Adult Household Member Social Security #

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

ADULT HOUSEHOLD MEMBER MUST SIGN

Today's Date

*See Privacy Act Statement on instructional pamphlet

Information Release Form: Parents/Guardians have the option of sharing the student eligibility status from this application with Douglas County Schools for the purpose of waiving School/District and Program Fees that your child(ren) might otherwise be required to pay. Whether you sign this section or not, it will not affect the eligibility of your child(ren) for free or reduced price meals. Parents may take their notification letter to school to waive school fees if they choose not to complete this section.

1. Yes, please share my students eligibility status with only the programs I have checked below:
 Summer School Tuition Supply Fees Course/Activity Fees Athletic Fees
 OR
 2. No, do not share application information with any programs.

I certify that I am the parent/legal guardian of the Child(ren) for whom the application is being made
 _____ Date _____