

Complete this form if you wish to apply.
Springfield Catholic Schools Free and Reduced Price Lunch Program Application
 One Application Per Household

PART 1. HOUSEHOLD INFORMATION

1. Name - list <u>everyone</u> living in your household	2. Name of school building for each child/student or indicate N/A if not in school	3. Grade	4. Check if a foster child, legal responsibility of welfare agency or court	5. Gross income and how often it was received (weekly, every 2 weeks, 2x per month, monthly, yearly)								6. Check if no Income	
				Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, and VA benefits		All other income			
				Income	How often	Income	How often	Income	How often	Income	How often		
			<input type="checkbox"/>										<input type="checkbox"/>
			<input type="checkbox"/>										<input type="checkbox"/>
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			<input type="checkbox"/>										<input type="checkbox"/>

PART 2. SIGNATURE (ADULT MUST SIGN)

An adult household member must sign the application.

The adult signing the application must list the last four digits of his/her social security number or mark the "I do not have a Social Security Number" box.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose free/reduced price meal benefits.

Sign here: _____ Print name: _____ Date: _____

Mailing Address: _____ City: _____ Zip: _____

Phone number: _____ Last 4 digits of Social Security Number: *** - ** - _ _ _ _ I do not have a Social Security Number

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Household size: _____ Total income: _____ Per: Week Every 2 Weeks Twice a Month Month Year

Eligibility: Free Reduced Denied Date withdrawn: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Please refer to the information on the opposite page for frequently asked questions.

If you have other questions, call SCS school business office at 417-865-5567.

Allow up to 4 weeks for processing. Incomplete applications cannot be processed.