

2022-2023 Household Application for Free and Reduced-Price School Meals

Application at <http://www.rapidriver.k12.mi.us>

One application per household. Please use a pen (not a pencil)

**STEP 1: List ALL Household Members who are infants, children, and students up to age 18.** If you are required to provide information, fill in the appropriate section of paper are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information. **PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student?	School	Grade	Foster Child	Homeless Migrant, Runaway
1) _____			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
2) _____			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
3) _____			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
4) _____			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
5) _____			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2: Do any Household Members (including you, currently participating in one or more of the following meal assistance programs: SNAP, TANF, or FDIPIR) If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4. (Do not complete STEP 3).** Case Number: \_\_\_\_\_ (Write only one case number in this space)

**STEP 3: Report Income for ALL Household Members (List the step 1 you answered "YES" to STEP 2)** Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by Child Income

How Often?	Weekly	Bi-Weekly	2x Month	Monthly	Annually
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 total gross income (before taxes) for each source in whole dollars (no cents) 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.

**PLEASE PRINT**

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?	Public Assistance/Alimony/Child Support	How Often?	Pensions/Retirement/All Other Income	How Often?					
		Weekly	Bi-Weekly	2x Month	Monthly	Annually	Weekly	Bi-Weekly	2x Month	Monthly	Annually
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members (Children and Adults)											
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member											

**STEP 4: Contact information and adult signature.** Mail Completed Form to: Rapid River Public Schools, 10070 US Hwy 2, Rapid River MI 49878

"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."

Street Address (if available)	Ap#	City	State	Zip	Daytime Phone and Email (Optional)
Printed Name of Adult Signing Form					
Signature of Adult					
Today's Date					