STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOM
 B) If anyone in your nousehold participates in any of the Write a case number for SNAP, TANF, or FDPIR. You only no do not know your case number, contact your MDHHS casew Go to STEP 4.
If anyone in your household (including you) currently pa
school district from potentially needing to complete an income-base
be confirmed with the appropriate program staff. If the school
D) Are any children homeless, migrant, or runaway? If yo
foster and non-foster children, go to step 3.
Foster children who live with you may count as members of you
C) Do you have any foster children? If any children listed a
end Catholic Central, IHM, or SJDA. If y
R) To the child a student at Catholic Central THM or CID
box. Stop if you run out of space. If there are more children pro-
A) List each child's name. Print each child's name. Use one l
Children age 18 or under AND are supported with the house
household.
Tell us how many infants, children, and school students live in
STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE IN
PLEASE USE A PEN (NOT A PENCIL) WHEN FILLIN
eileenbrien@grcatholiccentral.org.

п UCATION AND NUTRITION BENEFITS

even if your children attend more than one school in Grand Please use these instructions to help you fill out the Education and Nutrition Benefits. You only need to submit one application same children for school meals, education benefits, and summer E as the steps on your application. If at any time you are not sure what to do next, please contact Eileen O'Brien at 616-233-5863 or Rapids Diocese. The application must be filled out completely to certify your BT. Please follow these instructions in order. Each step of the instructions is the

NFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUD

your household. They do NOT have to be related to you to be a part of your

Mary or San Juan Diego Academy, regardless of age. neless, migrant, or runaway youth; resent than lines on the application, attach a second piece of paper line of the application for each child. When printing names, write one letter in each

IG OUT THE APPLICATION AND DO YOUR BEST TO PRI

ehold's income; include ALL members in your household who are:

are foster children, mark the "Foster Child" box next to the child's ite the grade level of the student in the 'Grade' column to the right A? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children STEP 4.

our household and should be listed on your application. If you are applying for both

nd ed application. You may choose to provide income information now ou believe any child listed in this section meets this description, mark the district cannot confirm your student's homeless, migrant, or runaway status, complete all steps of the application. Homeless, Migrant, Runaway status must

PARTICIPATE IN SNAP, TANF, OR FDPIR?

articipates in one or more of the assistance programs listed

Food Assistance Program (FAP) Independence Program (FIP).

PIR). æ above listed programs:

ie above listed programs:

need to provide one case number. If you participate in one of these programs and vorker.

NE FOR EACH MEMBER



4	
R.C.C.C.A.V	STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER
and the second s	 Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the back s
	 Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
	" and not the total
	surance premiums, or any other amounts taken from your
	"O" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that you
And the owner of the	 Mark how often each type of income is received using the check boxes to the right of each field.
	3.A. REPORT INCOME EARNED BY CHILDREN
and the second	A) List all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in yo the box marked "Child Income " Only count factor children's income if you are applying for them together with the rest of your h
	? Child income is money received from outside your household that is paid DIRECTLY to your c
- Contraction	REPORT INCOME FARNED RY ADULTS
	Who should I list here?
and the second states of the	 When filling out this section, please include ALL adult members in your household who are living with you and share income even if they are not related and even if they do not receive income of their own.
See 1	vho live with
in a low	0
	ess they are declared independently on t
	household
	ceived from working at jobs. If you are a self-employed busin
	 What if I have multiple jobs? List each job separately by entering your name and income from each job on a new line. A
	sheet of
	• What if I am self-employed? List income from your business as a net amount. This net amount is calculated by subtraction of the income earned the income earned.
	any products or services offered.
	D) List income from public assistance/child support/alimony. List all income that applies in the "Public Assistance/Child field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is rece field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is rece
	or alimony, only report court-ordered payments. Informal
	1

pipts (revenue). Gross receipts or revenue are all the income earned from the sale of usiness as a net amount. This net amount is calculated by subtracting the total

usiness in the "Earnings from Work" field on the application. This is usually the money or farm owner, you will report your net income. Net income is your income

he of each household member in the boxes marked "Names of Adult Household they are declared independently on taxes (all college students are

embers in your household who are living with you and share income and expenses,

from outside your household that is paid DIRECTLY to your children. Many the rest of your pay. income you report on in your household your household hold. Add an additional considered adults). eived from child zero. If you write of the application Other Income" household. in the next part. household that Support/Alimony" and Adults)." This 5

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

9 affects your eligibility for free and reduced-price meals. Number. Security Number in the space provided. You are eligible to you have not listed on the application, go back and add them. It is very important to list all household members, household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social 11 apply for benefits even if you do not have a Social Security Number. If no adult as the

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

that all information has "Signature of adult. P 8 address, or both is optional, but helps us reach you quickly if we need to contact you. read the privacy and civil rights statements on the An adult member of the household must sign the permanent address, this does not make your children ineligible for free or reduced-price school meals. Print and sign your name and write today's date. Provide your contact information. Write your current address in the fields provided if this information is available. 1 been truthfully and comple application. back of the application. tely reported. Before completing this section, please also Print the name of the adult signing the application and that person signs in the By signing the application, that household Sharing a phone

0 Optional Mail Completed Form to: Catholic Central High School,

that this program is administered in a nondiscriminatory information is requested solely for the purpose of determ children's race and ethnicity. This field is optional affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will Share children's racial and ethnic identities (option and does not affect your children's eligibility for free or reduced-price ining the State's compliance with Federal civil rights laws, al). On the back of the application, we ask you to share information about your manner. and

price meals, education benefits, and Summer EBT Please return the about applications to the USDA Office of the Assis application directly to your child tant Secretary for Civil Rights or your child's eligibility for free or reduced-'s SCHOOL. DO NOT mail, fax, or email completed applications or questions will be delayed.

319 Sheldon Blvd. SE, Grand Rapids, MI 49503

member is school meals. your response will not number, email assist us in assuring size make sure you have If you have no of your household promising This box