

2013-2014 School Meals Family Application SAVANNAH / CHATHAM COUNTY PUBLIC SCHOOL SYSTEM

USE BLACK OR DARK BLUE INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

1 If the child you are applying for is a homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison migrant coordinator at 912-395-1092. Homeless Migrant Runaway

2 STUDENTS ATTENDING SAVANNAH / CHATHAM COUNTY PUBLIC SCHOOLS

Check if a Foster Child (legal responsibility of welfare agency or court) If all children listed are foster children, skip to part 5 to sign this form.	Print Name for ALL Students Attending Savannah Public Schools			Birthdate (Optional)	Grade	School Code (See Back)	Check Box if No Income	STUDENT'S Gross Income	How Often ?
	First Name	MI	Last Name	M M D D Y Y			<input type="checkbox"/>	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Every Other Wk <input type="checkbox"/> Weekly <input type="checkbox"/> Twice A Month
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3 Print the Name of ANY HOUSEHOLD MEMBER receiving SNAP or TANF benefits, and skip to part 5.

Name _____ SNAP or TANF Case # _____

4 List other members of the household not attending Savannah/Chatham Public Schools

Total Household Gross Income - You must tell us how much and how often.
Gross income is the amount earned before taxes and other deductions.

Print first and last name of all adults and children	Check Box if No Income	Earnings from Work Before Deductions	Welfare, Child Support/Alimony	Pensions, Retirement/Social Security, SSI, VA benefits	All Other Income
		How Often ?	How Often ?	How Often ?	How Often ?
	<input type="checkbox"/>	\$ _____ <input type="radio"/> Monthly <input type="radio"/> Every Other Wk <input type="radio"/> Weekly <input type="radio"/> Twice A Month	\$ _____ <input type="radio"/> Monthly <input type="radio"/> Every Other Wk <input type="radio"/> Weekly <input type="radio"/> Twice A Month	\$ _____ <input type="radio"/> Monthly <input type="radio"/> Every Other Wk <input type="radio"/> Weekly <input type="radio"/> Twice A Month	\$ _____ <input type="radio"/> Monthly <input type="radio"/> Every Other Wk <input type="radio"/> Weekly <input type="radio"/> Twice A Month
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WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE →

Adult Household Member Last four digits of Social Security #
* * * * - * * * -

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 the School Nutrition Program may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

5 *See Privacy Act Statement on reverse side
If you do not have a Social Security Number mark this box

ADULT HOUSEHOLD MEMBER MUST SIGN HERE

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

Today's Date
Return to the School Nutrition Program:
208 Bull Street, Room 308, Savannah, GA 31401