

Happy School District 20__-20__ Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a black or blue pen (not a pencil).

Apply online at happyapp.com

Case Number Application

STEP 1 List ALL Students' attending Happy School District (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date						Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
			M	M	D	D	Y	Y						
B E T S Y		L U C E R O												
J E F F E R Y		J A C K S O N												

Check all that apply. Read **How to Apply for Free and Reduced Price School Meals** for more information.

STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

1 B 6 T 7 8 0

SNAP Case Number

TANF Case Number

FDPIR Case Number

STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

Student Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$	<input type="radio"/>				

B. All Other Household Members (including yourself)

In the spaces below list all other 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 AND OTHER DEDUCTIONS)** for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of All Other Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Child Support/Alimony	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>												
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>												
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>												
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>												

Total Household Members

(Students' and Adults from Steps 1 and 3)

Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.

XXX-XX-

Check box if no SSN

STEP 4 Contact information and adult signature. Mail signed and completed application to: 123 Happy Drive, Happy CO 12345

"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."

Mailing Address or PO Box			Apt. # or Lot #		City		CO	Zip Code		Email Address		
Home or Cell Phone Number			SIGNATURE of Adult Household Member (Required)				Printed First and Last Name of Signer			Today's Date		

STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. **Your information WILL be shared unless you check one of the boxes below.**

- Do NOT share my information with any programs
 Do not share my information with the programs I have checked:
 Medicaid/SCHIP
 Athletic Fees
 Field Trip Fees
 Technology Fees
 Book Fees

See back of application

Happy School District 20__-20__ Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a black or blue pen (not a pencil).

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Foster and Income Application

STEP 1 List ALL Students' attending Happy School District (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date					Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
			M	M	D	D	Y						
B E T S Y		L U C E R O							<input checked="" type="checkbox"/>				
J E F F E R Y		J A C K S O N											

Check all that apply. Read **How to Apply for Free and Reduced Price School Meals** for more information.

STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number	TANF Case Number	FDPIR Case Number

STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

Student Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$ <input type="text"/>	<input type="radio"/>				

B. All Other Household Members (including yourself)

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Names of All Other Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Child Support/Alimony	How Often?					Pensions/Retirement/ All Other Income	How Often?					
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually	
Sam Lucero	\$ 1 2 0 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>									
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>									
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>									
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>									

Total Household Members

(Students' and Adults from Steps 1 and 3)

Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.

XXX-XX-

Check box if no SSN

STEP 4 Contact information and adult signature. Mail signed and completed application to: 123 Happy Street, Happy, CO 12345

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Mailing Address or PO Box			Apt. # or Lot #		City		CO	Zip Code		Email Address	
Home or Cell Phone Number			SIGNATURE of Adult Household Member (Required)				Printed First and Last Name of Signer			Today's Date	

STEP 5 Release of Information

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See back of application

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Foster Application

STEP 1 List ALL Students' attending Happy School District (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date					Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
			M	M	D	D	Y						
B E T S Y		L U C E R O							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J E F F E R Y		J A C K S O N							<input checked="" 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"/>

Check all that apply. Read **How to Apply for Free and Reduced Price School Meals** for more information.

STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number						TANF Case Number						FDPIR Case Number					

STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

Student Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$	<input type="checkbox"/>				

B. All Other Household Members (including yourself)

In the spaces below list all other 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 AND OTHER DEDUCTIONS)** for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of All Other Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Child Support/Alimony	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		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"/>												

Total Household Members

(Students' and Adults from Steps 1 and 3)

Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.

XXX-XX-

Check box if no SSN

STEP 4 Contact information and adult signature. Mail signed and completed application to: 123 Happy Street, Happy, CO 12345

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Mailing Address or PO Box			Apt. # or Lot #		City		CO	Zip Code		Email Address	
Home or Cell Phone Number			SIGNATURE of Adult Household Member (Required)				Printed First and Last Name of Signer			Today's Date	

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See back of application

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OSCE and Income Application

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			M	M	D	D	Y						
B E T S Y		L U C E R O							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J E F F E R Y		J A C K S O N							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Check all that apply. Read **How to Apply for Free and Reduced Price School Meals** for more information.

STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below.

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SNAP Case Number						TANF Case Number						FDPIR Case Number					

STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

Student Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$	<input type="checkbox"/>				

B. All Other Household Members (including yourself)

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		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually	
Sam Lucero	\$ 1 2 0 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>									

Total Household Members

(Students' and Adults from Steps 1 and 3)

3

Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.

XXX-XX- 1 1 1 1

Check box if no SSN

STEP 4 Contact information and adult signature. Mail signed and completed application to: 123 Happy Street, Happy, CO 12345

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Home or Cell Phone Number			SIGNATURE of Adult Household Member (Required)				Printed First and Last Name of Signer			Today's Date	

STEP 5 Release of Information

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See back of application

Happy School District 20__-20__ Household Application for Free and Reduced Price School Meals

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Apply online at happyapp.com

Income Application

STEP 1 List ALL Students' attending Happy School District (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date					Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
			M	M	D	D	Y						
B E T S Y		L U C E R O							<input type="checkbox"/>				
J E F F E R Y		J A C K S O N							<input type="checkbox"/>				
									<input type="checkbox"/>				
									<input type="checkbox"/>				
									<input type="checkbox"/>				

Check all that apply. Read **How to Apply for Free and Reduced Price School Meals** for more information.

STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below.

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SNAP Case Number	TANF Case Number	FDPIR Case Number

STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

Student Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$ <input type="text"/>	<input type="radio"/>				

B. All Other Household Members (including yourself)

In the spaces below list all other 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 AND OTHER DEDUCTIONS)** for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

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		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually	
Sam Lucero	\$ 1 2 0 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>									
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>									
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>									
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>									

Total Household Members

(Students' and Adults from Steps 1 and 3)

3

Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.

XXX-XX- **1 1 1 1**

Check box if no SSN

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B E T S Y		L U C E R O							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J E F F E R Y		J A C K S O N							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>
SNAP Case Number	TANF Case Number	FDPIR Case Number

STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. Student Income

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\$ <input type="text"/>	<input type="radio"/>				

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		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>												
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>												
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>												
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>												

Total Household Members

(Students' and Adults from Steps 1 and 3)

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Check box if no SSN

STEP 4 Contact information and adult signature. Mail signed and completed application to: 123 Happy Street, Happy, CO 12345

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	CO	<input type="text"/>	<input type="text"/>
Mailing Address or PO Box	Apt. # or Lot #	City	State	Zip Code	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home or Cell Phone Number	SIGNATURE of Adult Household Member (Required)		Printed First and Last Name of Signer		Today's Date

STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. **Your information WILL be shared unless you check one of the boxes below.**

- Do NOT share my information with any programs
 Do not share my information with the programs I have checked:
 Medicaid/SCHIP
 Athletic Fees
 Field Trip Fees
 Technology Fees
 Book Fees

See back of application