2015-2016 Household Economic Survey

Do not complete this form if you are Directly Certified to receive free meals or if you have filled out a Child Nutrition Program Meal Benefits Application.

For your school to receive specific state and federal benefits and funding, you must fill out this form.

There are _____ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is _____per year.

Student Name	School	Grade	Date of Birth

☐ Additional students are listed on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.

_____ _____ _____

Signature of Parent or Guardian Date Phone

For School Use Only: ☐ Free ☐ Reduced ☐ Not Eligible