



**C. Total Household Members**  
(Children and Adults)

**D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member**

Check the box if  
**NO SSN**

**DO NOT COMPLETE. SCHOOL USE ONLY**

How Often?  Weekly  Bi-Weekly  Twice a Month  Monthly  Yearly  
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Income  
\$

Total Household Size

Eligibility Status:  Free  Reduced-price  Paid (Denied)  
Verified as:  Homeless  Migrant  Runaway

Categorical  
 Error Prone

Determining Official's Signature:

Date:

Confirming Official's Signature:

Date:

Verifying Official's Signature:

Date:

**OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES**  
We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**Ethnicity (check one):**  
 Hispanic or Latino  Not Hispanic or Latino

**Race (check one or more):**  
 American Indian or Alaskan Native  Asian  Black or African American