

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

**List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)**

Child's First Name

[illegible]MI Child's Last Name[illegible]

Student?	Yes	No
1. Is the student a member of the school's athletic team?		
2. Is the student a member of the school's band or orchestra?		
3. Is the student a member of the school's choir?		
4. Is the student a member of the school's drama or theater group?		
5. Is the student a member of the school's debate or speech team?		
6. Is the student a member of the school's chess or checkers team?		
7. Is the student a member of the school's robotics team?		
8. Is the student a member of the school's coding or computer science team?		
9. Is the student a member of the school's gardening or horticulture team?		
10. Is the student a member of the school's art or pottery team?		
11. Is the student a member of the school's music or songwriting team?		
12. Is the student a member of the school's dance or ballet team?		
13. Is the student a member of the school's martial arts team?		
14. Is the student a member of the school's swimming or water polo team?		
15. Is the student a member of the school's tennis or badminton team?		
16. Is the student a member of the school's golf or soccer team?		
17. Is the student a member of the school's basketball or volleyball team?		
18. Is the student a member of the school's esports or video game team?		
19. Is the student a member of the school's environmental or sustainability team?		
20. Is the student a member of the school's student council or leadership team?		

Foster Child	Homeless, Migrant, Runaway
<p>1. <b>Identify the child's needs.</b> Conduct a thorough assessment of the child's physical, emotional, and social needs. Consider the child's age, gender, race, and cultural background.</p> <p>2. <b>Develop a plan of care.</b> Collaborate with the child's family, community, and other professionals to develop a comprehensive plan of care that addresses the child's needs and goals.</p> <p>3. <b>Provide support and resources.</b> Offer the child and family the support and resources they need to succeed, such as counseling, tutoring, and job training.</p> <p>4. <b>Monitor progress.</b> Regularly monitor the child's progress and adjust the plan of care as needed.</p> <p>5. <b>Build a strong relationship.</b> Establish a strong, trusting relationship with the child and family, which is essential for successful outcomes.</p>	<p>1. <b>Identify the child's needs.</b> Conduct a thorough assessment of the child's physical, emotional, and social needs. Consider the child's age, gender, race, and cultural background.</p> <p>2. <b>Develop a plan of care.</b> Collaborate with the child's family, community, and other professionals to develop a comprehensive plan of care that addresses the child's needs and goals.</p> <p>3. <b>Provide support and resources.</b> Offer the child and family the support and resources they need to succeed, such as counseling, tutoring, and job training.</p> <p>4. <b>Monitor progress.</b> Regularly monitor the child's progress and adjust the plan of care as needed.</p> <p>5. <b>Build a strong relationship.</b> Establish a strong, trusting relationship with the child and family, which is essential for successful outcomes.</p>

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or Families First? Circle one: Yes / No

**If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)**

Case Number:

Write only one case number in this space.

### Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Sometimes children in listed in STEP 1 here.

Child income				
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List all 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 income 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 (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/ Child Support/Alimony			How often?			Pensions/Retirement/ All Other Income			How often?		
				Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly
	\$						\$						\$		
	\$						\$						\$		
	\$						\$						\$		
	\$						\$						\$		
	\$						\$						\$		

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

	X			
	X			
	X	X	X	X

**Last Four Digits of Social Security Number (SSN) of  
Primary Wage Earner or Other Adult Household Member**

☐ Check if no SSN

**Contact information and adult signature**

"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."

[illegible]

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
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Printed name of adult completing the form

Signature of adult completing the form

Today's date