

NO, we DO NOT want to apply for meal benefits. (check box)

USE BLACK INK ONLY. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

**STEP 1 LIST STUDENTS ATTENDING LAUSD SCHOOLS & EARLY EDUCATION CENTERS ONLY**

If more spaces are required for additional names, please attach additional sheet(s).

Birthdate (Optional) See reverse side				First Name		MI	Last Name	Check Box if Foster Child	School	Grade	List Income Received by the Child, if any	Food Stamp, CalWORKs, KIN-GAP, or FDIPIR benefit CASE # (If yes, enter case #) DO NOT LIST EBT CARD #
M	M	D	D	Y	Y						\$	Yes No
1												
2												
3												
4												
5												
6												

**STEP 2** If any child you are applying for is Migrant, or a Runaway, contact your school FOR HOMELESS Students Contact the Homeless office at 213-765-2880

**STEP 3 LIST ALL OTHER HOUSEHOLD MEMBERS NOT LISTED ABOVE CURRENT MONTHLY INCOME**

Income example: \$600.25 a month is written as \$ 600 25

Print Names of other household members			Check Box if under 19 years old	Check Box if no income	Earnings from Work Before Deductions: Job 1	Welfare Payments, Child Support/Alimony	Pay from Pensions, Retirement, Social Security	Job 2 or Any Other Income
First Name	MI	Last Name			\$	\$	\$	\$

**Children's Racial and Ethnic Identities (optional)**

Mark one or more racial identities:

- American Indian or Alaskan Native
- Black or African - American
- Native Hawaiian or Pacific Islander
- Asian
- White

Mark one ethnic identity:

- Of Hispanic or Latino Origin
- Not of Hispanic or Latino Origin

**FOR OFFICE USE ONLY**

DATE REC'D.

m m d d y y

HS H INC

X F T-45 R NE

REVIEWER DATE

**STEP 4** I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information. Any deliberate misrepresentation of the information may lead to children losing benefits and may subject me to prosecution under applicable State Federal laws.

Signature of adult household member listed above

Printed name of adult signing this application

Last 4 digits of Social Security number of adult signing the application

X X X X - X X X -

OR I DO NOT have a Social Security Number (check box)

Today's Date

m m d d y y