

**2023-2024 School Meals and Summer EBT Application**

Apply online: allendale.familyportal.cloud

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

**STEP 1: List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.**

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Student? Yes No	School	Grade	Foster Child	Homeless Migrant, Runaway
1) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2: Do any Household Members (including you) currently participate in: SNAP, TANF, or FDPIR?**

If NO > Go to STEP 3. If 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)

**STEP 3: List ALL household members and income for each member (before taxes and deductions). Skip this step if you answered "YES" to STEP 2.**

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) 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.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by ALL children listed in STEP 1 here.

Child Income: \_\_\_\_\_  
How Often? Please put an X  
Weekly  Bi-Weekly  2x Month  Monthly  Annual

**B. All Adult Household Members (including yourself)**

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 gross income (before taxes and deductions) for each source in whole dollars (no cents) 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.

**PLEASE PRINT**

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance/ Alimony/Child Support		How often received?		Pensions/Retirement/ All Other Income			
	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly	Annual
1) _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults) \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member (if Applicable) \_\_\_\_\_ Check if no SSN

**STEP 4: Contact information and adult signature.**

**RETURN COMPLETED FORM TO: Allendale Public Schools Attn: Food Service 10505 Learning Lane Allendale MI 49401**

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 (confirm) 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.

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (Optional) \_\_\_\_\_ Email (Optional) \_\_\_\_\_

Printed Name of Adult Signing Form \_\_\_\_\_ Signature of Adult \_\_\_\_\_ Today's Date \_\_\_\_\_

