## Happy School District 20\_\_-20\_\_ Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a black or blue pen (not a pencil).

Apply online at happyapp.com **Case Number Application** 

STEP 1 List ALL Students'	attending Happy Sc	hool District (if more spaces are re	equired for a	dditional names, att	ach another sh	neet of paper)	
	9 111	•	_	Birth Date			
Student's First Name	e MI	Student's Last Name	e	M M D D	y y Grade	Foster Head Child Start Runaway Homeless Migra	nt
BETSY		UCERO				Check all that	
JEFFERY	The state of the s	A C V C O N				apply. Read How to Apply	
		A C K S O N				for Free and	
						Reduced Price School	
						Meals for more	
						information.	
CTED 2 If any household me	mhora (including vo	u) aumontly magains assistance fue	m any of the	following programs	. CNAD TANI	F or FDPIR list the case number below.	
	· 50	, , , , , , , , , , , , , , , , , , ,	in any of the	Tollowing programs	: SNAF, IANI	of FDFIK list the case number below.	
Supplemental Nutrition Assistance P (TANF/Colorado Works – Basic Cas			1 B 6 T	7 8 O			
Program on Indian Reservations (FD					ANF Case Nu	umber FDPIR Case Number	
		bers (skip this step if you provide			ANT Case Nu	imbei FDPIR Case Number	
	ILL nousenord mem	bers (ship this step it you provide	a a case nam	How Of	en?		
A. Student Income		11 .4 .1	Student Inc	ome Weekly Bi-Weekly 2x Mon	th Monthly Annually		
Please include the <b>TOTAL</b> income	•	y all students' listed above.	\$		0 0		
B. All Other Household Membe		tad in Stan 1 (including voyagelf) avan i	,		hayaahald mamb	ber listed, if they do receive income, report	
						om any source, write '0'. If you enter '0' or lear	ve
any fields blank, you are certifying		o report.	III WIIOIO GOIIM	How Often?		How Often?	•
Names of All Other Household Memb	ers Earnings from	How Often?	Public Assistance/			Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Monthly Annu	ally
(First and Last)		n Work   Weekly   Bi-Weekly   2x Month   Monthly   Annually	Child Support/Alia	mony Weekly Bi-Weekly 2x Month			)
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							7
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	\$	0 0 0 0 0	\$				)
Total Household Members	Logt 4	four digits of Social Security Number	or (SCN) or m	ault "na			
(Students' and Adults from Steps 1 and		of adult signing this form only if Step 3B ha				Check box if no SSN	
STEP 4 Contact information		e. Mail signed and completed app			ppy CO 12345		
"I certify (promise) that all information on this	application is true and that all	income is reported. I understand that this informat	tion is given in conne			chool officials may verify (check) the information. I am award	that
if I purposely give false information, my childre	n may lose meal benefits, and I	I may be prosecuted under applicable State and Fed	CO CO				
Moiling Address or DO Day	Apt. # or Lot #	City	State	Zip Code		Emoil Address	
Mailing Address or PO Box	Арт. # от Еот #	•	State	Zip Code		Email Address	
Home or Cell Phone Number	SIGNATURE	Signature  of Adult Household Member (Required)		Printed First an	1 Last Name of Signer	Today's Date	
Home or Cell Phone Number SIGNATURE of Adult Household Member (Required) Printed First and Last Name of Signer Today's Date  STEP 5 Release of Information							
		state educational programs and may be shared with	Medicaid or State (	Children's Health Insurance Pr	ogram (SCHIP) office	es to seek enrollment of children into the above programs. A	lso,
						ren) might otherwise be required to pay. The school/district i	
— P. NOT. 1	-		not affect your stud	—	_	_	ν.
	Do not share my informati the programs I have check		ic Fees	Field Trip Fees	Technology F	Fees Book Fees	

Complete one application per household. Please use a black or blue pen (not a pencil). **Foster and Income Application** STEP 1 List ALL Students' attending Happy School District (if more spaces are required for additional names, attach another sheet of paper) Birth Date Foster Head MI Student's Last Name Student's First Name y y Grade M M D D Child Start Runaway Homeless Migrant BETSY UCERO Check all that apply. Read EFFERY ACKSON How to Apply for Free and Reduced Price School Meals for more information. STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below. Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). Provide case number and skip to Step 4. **SNAP Case Number** TANF Case Number FDPIR Case Number STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2) How Often? A. Student Income Weekly Bi-Weekly 2x Month Monthly Annually Student Income Please include the **TOTAL** income, if any, received by all students' listed above. B. All Other Household Members (including yourself) In the spaces below list all other 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 OTHER DEDUCTIONS) 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 that there is no income to report. How Often? How Often? How Often? Pensions/Retirement/ Names of All Other Household Members Public Assistance/ Bi-Weekly 2x Month Monthly Annually Earnings from Work Bi-Weekly 2x Month | Monthly | Annually Weekly All Other Income Bi-Weekly 2x Month Monthly Annually (First and Last) Child Support/Alimony Sam Lucero \$ **Total Household Members** Last four digits of Social Security Number (SSN) or mark "no XXX-XX-Check box if no SSN (Students' and Adults from Steps 1 and 3) SSN" of adult signing this form only if Step 3B has been completed. STEP 4 Contact information and adult signature. Mail signed and completed application to: 123 Happy Street, Happy, CO 12345 "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." CO Apt. # or Lot # City State Zip Code Mailing Address or PO Box Email Address Signature Home or Cell Phone Number SIGNATURE of Adult Household Member (Required) Printed First and Last Name of Signer Today's Date STEP 5 Release of Information The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not

permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. Your information WILL be shared unless you check one of the boxes below.

Field Trip Fees

Technology Fees

Book Fees

Athletic Fees

| Medicaid/SCHIP

Do **NOT** share my information

with any programs

Do not share my information with

the programs I have checked:

See back of application

**Foster Application** 

STEP 1 List ALL Students'	attending Happy School	District (if more spaces are r	equired for addi	tional names, attach anothe	sheet of paper)	
Ctordant's First Name	e MI	Student's Last Nam	۵	Birth Date		Foster Head
Student's First Name				M M D D Y Y Grad	$\neg$ 1 \	Child Start Runaway Homeless Migrant
		CERO			Check all that apply. Read	
JEFFERY	J A C	CKSON			How to Apply for Free and	
					Reduced Price School	
					Meals for /	
					more information.	
					$\exists$   / $\Box$	
STEP 2 If any household me	embers (including you) cu	irrently receive assistance fro	om any of the fol	lowing programs: SNAP, TA	NF or FDPIR list	the case number below.
Supplemental Nutrition Assistance P						
(TANF/Colorado Works – Basic Cas						
Program on Indian Reservations (FD	·		SNAP Case I		Number	FDPIR Case Number
STEP 3 Report income for A	ALL household members	(skip this step if you provide	d a case number			
A. Student Income			Student Income	How Often?  Weekly Bi-Weekly 2x Month Monthly Annually	7	
Please include the <b>TOTAL</b> inco	me, if any, received by all	students' listed above.	\$		_	
B. All Other Household Member						
In the spaces below list all other hor TOTAL GROSS INCOME (BEF						
any fields blank, you are certifying		ort.	e in whole donars of		firom any source, wi	How Often?
Names of All Other Household Memb	ers	How Often?	Public Assistance/	How Often?	Pensions/Retirement/	
(First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly Annually	Child Support/Alimony	Weekly Bi-Weekly 2x Month Monthly Annually	All Other Income	Weekly Briveekly 24 World World Williams
	\$		\$		\$	
	\$	0 0 0 0	\$		\$	
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	<b>\$</b>		\$	0 0 0 0	5	
	\$	0 0 0 0	\$		\$	0 0 0 0
T 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T 46	1' '4' CC ' 1C '4' NT 1	(CCN)			
Total Household Members (Students' and Adults from Steps 1 and		digits of Social Security Number ult signing this form only if Step 3B has		"no XXX-XX-	Check bo	x if no SSN
` 1	, 551; 5144	ail signed and completed app		Hanny Street Hanny CO 13		
"I certify (promise) that all information on this	application is true and that all incom	e is reported. I understand that this informa	tion is given in connectio			fy (check) the information. I am aware that
if I purposely give false information, my childre	n may lose meal benefits, and I may l	pe prosecuted under applicable State and Fe				
	A	G'.	CO			
Mailing Address or PO Box	Apt. # or Lot #	City	State	Zip Code	Ema	il Address
	GT G	Signature				
Home or Cell Phone Number  STEP 5 Release of Informat		t Household Member (Required)		Printed First and Last Name of S	igner	Today's Date
The information provided on this application wif your students are eligible to receive free or repermitted to share your information with anyon	ill be used in conjunction with state e duced price meals this information m	ay be shared with the school/district for the	purpose of waiving certain	in school/district program fees that your ch	ild(ren) might otherwise be	e required to pay. The school/district is not
Do <b>NOT</b> share my information	Do not share my information wi the programs I have checked:	th —		Field Trip Fees Technolog		

**OSCE** and Income Application

CTED 1 List ALL Students	attending Hanny Coheel	District (if many angeles and	ognined for add	tional names attack another	shoot of nanor)
STEP 1 List ALL Students'	attenuing mappy School	District (if more spaces are r	equired for addi	itional names, attach another	sheet or paper)
Student's First Nam	e MI	Student's Last Nam	e	Birth Date	Foster Head
				M M D D Y Y Grade	Child Start Runaway Homeless Migrant
BETSY		E E R O			Check all that
JEFFERY	ΙΔΟ	CKSON			apply. Read How to Apply
	J A				for Free and
					Reduced Price School
					Meals for
					information.
STEP 2 If any household mo	embers (including you) cu	rrently receive assistance fro	om any of the fol	lowing programs: SNAP, TAI	NF or FDPIR list the case number below.
Supplemental Nutrition Assistance I					
(TANF/Colorado Works – Basic Ca					
Program on Indian Reservations (FI			SNAP Case 1	Number TANF Case N	Number FDPIR Case Number
STEP 3 Report income for A	ALL household members	(skin this stan if you provide			Think case Number
STET 5 Report income for A	ALL nousehold members	(skip tills step if you provide	a a case number	How Often?	
A. Student Income			Student Income		
Please include the <b>TOTAL</b> inco	me, if any, received by all	students' listed above.	¢		
B. All Other Household Membe	ers (including yourself)		\$		
In the spaces below list all other ho	usehold members not listed in				nber listed, if they do receive income, report
			in whole dollars o	nly. If they do not receive income to	from any source, write '0'. If you enter '0' or leave
any fields blank, you are certifying	that there is no income to rep	ort. How Often?		How Often?	How Often?
Names of All Other Household Memb	Earnings from Work		Public Assistance/ Child Support/Alimony	Weekly Bi-Weekly 2x Month Monthly Annually	Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Monthly Annually
(First and Last)		O O O O			
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	\$		\$		\$ 0 0 0 0
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<b>Total Household Members</b>	Last four	digits of Social Security Number	er (SSN) or mark	"no	
(Students' and Adults from Steps 1 and		ult signing this form only if Step 3B ha		XXX-XX- 1 1 1 1	Check box if no SSN
				Happy Street, Happy, CO 123	45
					school officials may verify (check) the information. I am aware that
if I purposely give false information, my children	en may lose meal benefits, and I may l	e prosecuted under applicable State and Fe			
			CO		
Mailing Address or PO Box	Apt. # or Lot #	City	State	Zip Code	Email Address
		Signature			
Home or Cell Phone Number	SIGNATURE of Adul	t Household Member (Required)		Printed First and Last Name of Sig	ner Today's Date
STEP 5 Release of Informa					
The information provided on this application w	ill be used in conjunction with state e				ices to seek enrollment of children into the above programs. Also,
					I(ren) might otherwise be required to pay. The school/district is not
	•	•	not affect your student(	s) enginity for school meals. Your information	tion WILL be shared unless you check one of the boxes below.
Do <b>NOT</b> share my information with any programs	Do not share my information with programs I have checked:	th Medicaid/SCHIP Athlet	ic Fees	Field Trip Fees Technology	Fees Book Fees

## Happy School District 20\_\_-20\_\_ Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a black or blue pen (not a pencil).

the programs I have checked:

Apply online at **happyapp.com Income Application** 

CUED 1 List ALL Condenses	ttonding Hanny Color	District (if more success see	arrived for a dd	tional names attack another	about of namey)
STEP 1 List ALL Students' a	ttending Happy School	District (if more spaces are re	quired for addi		sneet of paper)
Ctn dout? - Dinat NI	MI	Student's Last Name	•	Birth Date	Foster Head
Student's First Name	1711			M M D D Y Y Grac	Child Start Runaway Homeless Migrant
BETSY					Check all that
JEFFERY	T A	CKSON			apply. Read How to Apply
	J A				for Free and
					Reduced Price School
					Meals for
					more information.
STEP 2 If any household men	nbers (including you) c	urrently receive assistance from	m any of the fol	lowing programs: SNAP, TA	NF or FDPIR list the case number below.
Supplemental Nutrition Assistance Pr					
(TANF/Colorado Works – Basic Cash					
Program on Indian Reservations (FDF			SNAP Case I	Number TANF Case	Number FDPIR Case Number
STEP 3 Report income for A	LL household members	(skin this sten if you provided			TENTIN Case Number
Report medication in	EL nousenoia member.	(Skip tills step if you provided	i a case namber	How Often?	
A. Student Income			Student Income		
Please include the <b>TOTAL</b> incom	ne, if any, received by all	students' listed above.	Φ		
B. All Other Household Member	s (including yourself)		\$		
In the spaces below list all other hou	sehold members not listed i				ember listed, if they do receive income, report
*		· · · · · · · · · · · · · · · · · · ·	in whole dollars or	nly. If they do not receive income	from any source, write '0'. If you enter '0' or leave
any fields blank, you are certifying the	nat there is no income to rep	oort. How Often?		How Often?	How Often?
Names of All Other Household Membe	rs Earnings from Wor		Public Assistance/ Child Support/Alimony	[ ] <b>.</b>   <b>.</b>	Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Monthly Annually
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<b>Total Household Members</b>	Last four	digits of Social Security Number	r (SSN) or mark	"no	
(Students' and Adults from Steps 1 and		lult signing this form only if Step 3B has		XXX-XX- 1 1 1 1	Check box if no SSN
STEP 4 Contact information		lail signed and completed appl	_	Happy Street, Happy, CO 12	345
					at 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 Fed			
			CO		
Mailing Address or PO Box	Apt. # or Lot #	City	State	Zip Code	Email Address
		Signature			
Home or Cell Phone Number	SIGNATURE of Adu	lt Household Member (Required)		Printed First and Last Name of S	gner Today's Date
STEP 5 Release of Informati	on				
The information provided on this application will	be used in conjunction with state of	1 5		ε ,	ffices to seek enrollment of children into the above programs. Also,
					ld(ren) might otherwise be required to pay. The school/district is not
_ p vom	•	•	not affect your student(s	s) engionity for school meats. Your inform	nation WILL be shared unless you check one of the boxes below.
	Oo not share my information w	ith Medicaid/SCHIP Athletic	Fees	Field Trip Fees Technolog	y Fees Book Fees

**OSCE Application** 

STEP 1 List ALL Students' a	ttending Happy School Dis	strict (if more spaces are requi	ired for addition	al names, attach another s	heet of paper)
Student's First None	MI	Student's Last Name		Birth Date	Foster Head
Student's First Name BETSY		E R O	M	M D D Y Y Grade	
					Check all that apply. Read
JEFFERY	J A C k	K S O N			How to Apply for Free and
					Reduced Price School
					Meals for more
					information.
STEP 2 If any household men	hers (including you) curre	ently receive assistance from a	ny of the followi	ng programs: SNAP TAN	F or FDPIR list the case number below.
Supplemental Nutrition Assistance Pro		•	my of the follows	ng programs. Strint, 1111	of 15111Clist the case number selow.
(TANF/Colorado Works – Basic Cash					
Program on Indian Reservations (FDP			NAP Case Num	nber TANF Case N	umber FDPIR Case Number
STEP 3 Report income for Al	LL household members (sk	kip this step if you provided a	case number in S	STEP 2)	
A. Student Income			Student Income W	How Often?  Yeekly Bi-Weekly 2x Month Monthly Annually	
Please include the <b>TOTAL</b> incom	e, if any, received by all stu-	dents' listed above.	Student Income W	eekiy bi-vveekiy 2x ivioniii ivioniiiiy Annualiy	
B. All Other Household Members	s (including yourself)	\$		0 0 0 0	
					nber listed, if they do receive income, report
any fields blank, you are certifying the		EDUCTIONS) for each source in w	vhole dollars only. I	Ž	rom any source, write '0'. If you enter '0' or leave
Names of All Other Household Member	·s	How Often?	blic Assistance/	How Often?	How Often? Pensions/Retirement/
(First and Last)	Earnings from Work		ild Support/Alimony Wee		All Other Income Weekly Bi-Weekly 2x Month Monthly Annually
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m					
<b>Total Household Members</b> (Students' and Adults from Steps 1 and 3		its of Social Security Number (Signing this form only if Step 3B has been		XXX-XX-	Check box if no SSN
` 1	, SSIT OF MUNITS	signed and completed applica		py Street, Happy, CO 123	
"I certify (promise) that all information on this ap	pplication is true and that all income is r	reported. I understand that this information is	given in connection with		chool officials may verify (check) the information. I am aware that
if I purposely give false information, my children	may tose meat venejus, and 1 may ve pro	oseculea unaer applicable state ana Federal l	CO CO		
Mailing Address or PO Box	Apt. # or Lot #	City		p Code	Email Address
	<u> </u>				
Home or Cell Phone Number	SIGNATURE of Adult Hou	usehold Member (Required)		Printed First and Last Name of Sigr	er Today's Date
STEP 5 Release of Information	on				
if your students are eligible to receive free or redu	ced price meals this information may be	shared with the school/district for the purpos	se of waiving certain scho	ool/district program fees that your child	ces to seek enrollment of children into the above programs. Also, (ren) might otherwise be required to pay. The school/district is not tion WILL be shared unless you check one of the boxes below.
	o not share my information with ne programs I have checked:	Medicaid/SCHIP Athletic Fee	es Field	Trip Fees Technology	Fees Book Fees