



INCOMPLETE APPLICATION INFORMATION

Dear Parent or Guardian:

_____ School needs the following information to complete your application for Free or Reduced Price meals.

- (1) *Names of **ALL children** in **Montgomery County Schools**
 - ***Date of birth**
 - ***Foster child box checked (if you have foster children)**
 - ***Grade**

- (2) *SNAP/TANF Number

- (3) *Homeless, migrant, or runaway box checked

- (4) *List **EVERYONE** in household
 - *Mark **NO INCOME BOX** if household member does not receive income
 - *Fill in **ALL GROSS INCOME** and **HOW OFTEN** it is received
 - *Fill in any welfare payments, child support, or alimony received and **HOW OFTEN** it is received
 - *Fill in any pension, retirement, or social security income received and **HOW OFTEN** it is received
 - *Fill in **GROSS AMOUNT of ANY OTHER** income received and **HOW OFTEN** it is received

- (5) ***Sign application**
 - ***Adult household members last 4 digits** of social security number or check the **"I DO NOT HAVE A SOCIAL SECURITY BOX"**