

Application for Angel Fund Food Assistance - School Year 2020-2021
School Meal Funding Assistance provided by Lourdes High School and Taher, Inc.

Step 1 FORMULA PART "a" WORKSHEET : List ALL Adult Household Members Including yourself and report all incomes.

Adults - Full Name For the purpose of school meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.	Gross Pay From Work <u>Do not write in an hourly wage</u>	Farm or Self-Employment	Public Assistance <u>Child Support, Alimony</u>	All other income																																																																																
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Do any of the children listed in step 3 receive regular income such as ssi or wages?

\$	Weekly []	Bi-Weekly []	2X Month []	Monthly []
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Step 2 FORMULA PART “b” WORKSHEET. Total RCS Tuition Paid out of Pocket: _____

Step 3 FORMULA PART “c” WORKSHEET. List all infants, children and students through grade 12 in the household, even if not related.

Child's First Name	Middle Name	Child's Last Name	Birthdate	School	Grade

Step 4 I certify (promise” that all information on this application is true and correct and all household members and incomes are reported, I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable state laws.

Signature of Adult Household Member (required) _____ Print Name: _____ Date: _____

Address: _____ City: _____ Zip: _____ Home Phone: _____