



**STEP 1**

**ADDITIONAL NAMES**

List any additional child household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?		Grade	Check <input type="checkbox"/> that apply		
			Yes	No		Head Start	Foster Child	Homeless, Migrant, Runaway

List any additional household members not listed in STEP 1.

Name of Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/Child Support/Alimony	Frequency					Frequency					
		W	E	T	M	A		W	E	T	M	A	W	E	T	M	A	
	\$						\$											
	\$						\$											
	\$						\$											

**DO NOT COMPLETE. This section for school use only.**

Household Size	Total Income	Frequency	Reviewing/Determining Official's Signature	Date
		W E T M A		
Categorical Determination	Eligibility	Free Reduced Denied	Confirming Official's Signature	