

Names of **all** children in household *including* foster children – attach additional page if necessary.

*****Please attach proof of income (ie...1040, recent paystub, taxes)**

Last Name	First Name	Date of Birth	Grade	School Attending	<input checked="" type="checkbox"/> If Foster child	Any regular income to child (SSI)
					<input type="checkbox"/>	\$_____per_____
					<input type="checkbox"/>	\$_____per_____
					<input type="checkbox"/>	\$_____per_____
					<input type="checkbox"/>	\$_____per_____
					<input type="checkbox"/>	\$_____per_____
					<input type="checkbox"/>	\$_____per_____

Benefits (if applicable): If any household member receives benefits from a program listed below, write in the name of the person and case #, and check the appropriate box.

_____ Name Case # _____

Minnesota Family Investment Program (MFIP) Supplement Nutrition Assistance Program (SNAP) Food Distribution Program on Indian Reservations

➤ Medical Assistance and WIC **do not** apply

Names of all adults living in household (not listed above), related or not. Write in each person’s gross income and how often it is received: Weekly (**W**), bi-weekly or every other week (**BW**), twice per month (**TM**), monthly (**M**). **DO NOT write in hourly pay.** If income fluctuates, write in the amount normally received. Add additional page if necessary.

Last Name	First Name	<input checked="" type="checkbox"/> If No Income	Gross Wages/Salaries from all jobs (before deductions)	Pension, SSI, Retirement, SS	Public Assistance, Child Support, Alimony	Unemployment, Worker’s Comp, Strike Benefits	Any Other Income: (including <i>net</i> Farm or Self Employment)
		<input type="checkbox"/>	\$_____per_____	\$_____per_____	\$_____per_____	\$_____per_____	\$_____per_____
		<input type="checkbox"/>	\$_____per_____	\$_____per_____	\$_____per_____	\$_____per_____	\$_____per_____
		<input type="checkbox"/>	\$_____per_____	\$_____per_____	\$_____per_____	\$_____per_____	\$_____per_____

I certify that all the information given on this application is true and correct: _____ (Adult Household Signature) _____ (DATE)

Printed Name: _____ Home #: _____ Cell #: _____ Is it ok to send text msg? **YES**_____**NO**_____

Address: _____ City: _____ Zip _____

*Please check if you are Catholic or Non Catholic.....**Catholic**_____**Non Catholic**_____ **If Catholic, please list the Parish you belong to:**_____