

Vermont Department of Education
INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If your household receives 3SquaresVT OR REACH UP, follow these instructions:

Part 1: List each child's name, school grade, and 3SquaresVT or Reach Up case number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security number is not necessary if you are listing a 3SquaresVT or Reach Up case number.

Note: The 3SquaresVT Program sends a letter to your child's school district that shows that he/she is eligible for free school meals unless you told the 3SquaresVT Program not to send the letter. The school then sends a letter to you saying that your child(ren) has been pre-approved for free meals. If you received this letter you do not need to complete this application form.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: List the child's name, school and grade.

Part 2: Check the box and list the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security number is not necessary for foster parents signing this form.

If you are applying for a Homeless, Migrant, or Runaway youth, follow these instructions:

Part 1: List the child's name, school and grade.

Part 2: Check the appropriate box.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. A social security number is not necessary if you did not complete part 3.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Skip this part.

Part 3: Follow these instructions to report **total household income** from last month.

First Column –Name: List the first and last name of **each person** living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.

Remaining Columns – List the amounts of income your household members receive **and how often the person receives it** (for example, every week, every two weeks, twice a month, monthly or yearly).

- *Earnings from work:* List the **gross income** each person earns, **OR** each person's normal income if earnings vary. Gross income is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your employer can tell you. Report net income for self-owned businesses and farms.
- *Child Support, Alimony, Welfare:* Report payments actually received. Do not report a minus amount for payments made to another household.
- *Social Security, Pensions, Retirement:* Report gross income received from these sources.
- *Other Income:* List the total amount each person received last month from **all other sources**. Include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, rental income, or regular contributions from people who do not live in your household, and ANY OTHER INCOME. Next to the amount, write how often the person received it.

Part 4: An adult household member must sign the form and list his or her Social Security Number. Write "*none*" **only** if he or she doesn't have a Social Security number.

Income Eligibility Guidelines

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	The chart has intentionally been left blank.
1						
2						
3						
4						
5						
6						
7						
8						
For each additional household member add						