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IAMES OF ALL HOUSEHOLD MEMBERS irst, Middle Initial, Last		another sheet of paper if necessary (for Student crity) School Name				(for Student only) Grade	SNAP OR TANF CASE NUMB 4 if you list a SNAP or TANF case num TANF must be provided below. If you not directly certified for free meals, yo household size and income.					BER ONLY Skip to Part mber, At least one SNAP/ receive Medicald and were ou <u>MUST</u> apply based on				it If
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Homeless, Migrant, Runaway Homeless Migrant F	/, or H Runaway		t (Categoric ead Start			chool Homele	ss Lialson,	Migrant	Coordin	ator, or He	ad Start	Director			Date	
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(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		(Before Deductions)			Support,	Alimony			Social S	Security How often					ll other ir How o	
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