

APPLICATION FOR FOOD REIMBURSEMENT

2013

Name and Grade of Youth for Whom Application is Made:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Admission Date

\_\_\_\_\_  
School                      Grade

\_\_\_\_\_  
Termination Date

\_\_\_\_\_  
Teaching-Family Home

If the child is a resident of a licensed "Child Caring Institution" he or she is considered a single person family and only his/her actual spending money is considered income, list his/her spendable income per month\_\_\_\_\_.

This application is being made in connection with receipt of Federal Funds by Teaching-Family Homes of Upper Michigan. Federal Officials may verify information on this application. Deliberate misrepresentation of information subjects the applicant to prosecution under applicable state and federal penal statutes.

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Program Staff

\_\_\_\_\_  
Approved by Program Director

\_\_\_\_\_  
Date