South Texas ISD Child Nutrition Program, 2020-2021 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

This Box for School Use Only. Date Withdrawn:

Complete one application per household. Please use a pen (not a pencil). You are encouraged to apply online through the Infinite Campus Parent Portal.

Printed Name of Adult Household Member Signing the Form

Definition of Household Member: anyone who is living with you and shares income and expenses, even if not related. Children in Foster care; children who meet the definition of Homeless, Migrant, Step 1: or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information. A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back. List each child's name. Student Attends School in District? Check all that apply. Optional: Student First Name MI Last Name Yes No Grade ID Number Head Start Homeless Migrant Foster Runaway 1. 2. 3. 4. B. Participation in a Categorical Program If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3. SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR? If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space skip Step 2, and complete Step 3. If **Yes** to **FDPIR**, check this box , skip Step 2, and **complete** Step 3. Step 2: Please read the directions for more information for the following questions. Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1). B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Pensions/Retirement/Social Public Assistance/ Child Security/Supplemental Adult's First/Last Name Work Earnings Frequency Support/ Alimony Frequency Security Income All Other Frequency Frequency (Do not include the income of children in this (Enter Amount) (Circle One) (Enter Amount) (Circle One) (Enter Amount) (Circle One) (Enter Amount) (Circle One) section. The income of children goes in 2C.) \$ \$ \$ \$ W-E-T-M-A 1. W-E-T-M-A W-E-T-M-A W-E-T-M-A 2. \$ W-E-T-M-A\$ \$ \$ W-E-T-M-A W-E-T-M-A W-E-T-M-A 3. \$ \$ \$ \$ W-E-T-M-A W-E-T-M-A W-E-T-M-A W-E-T-M-A C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.) Record total income by frequency for each child who receives regular income listed in Step 1. Weekly **Every 2 Weeks** Twice per Month Monthly Annually \$ \$ \$ \$ \$ 1. 2. \$ \$ \$ \$ \$ \$ \$ \$ D. Total Household Members (Count all children & adults living in the household) Step 3: Please read the directions for more information on signing this form. Provide Contact Information and Adult Signature. Return this application to: Attn: Child Nutrition, 100 Med High Dr., Mercedes TX 78570 and/or the drop box provided at your child's school I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. Street Address/Apt # City Zip Daytime Phone and Email (Optional)

Signature of Adult Household Member Signing the Form

Today's Date

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