Mesquite ISD
2018 - 2019 Multi-Child Application for Free and Reduced Price Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 — List all MISD students in the Household

SSN or Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Foster	Homeless	Migrant	Runaway
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one**: Yes / No

If you answered NO > Complete STEP 3. **If you answered YES** > Write an Eligibility Determination Group Number (EDG) then skip to STEP 4.

Eligibility Determination Group Number: _____

DO NOT add a Case Number.

STEP 3 — All Household Member Gross Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) **even if they do not receive income**. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly

Household Member Name (Last and First) Include Students from STEP 1	Work Earnings	How Often? W E T M	Public Assistance / Child Support / Alimony	How Often? W E T M	Pensions / Social Security / SSI / All Other Income	How Often? W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M

Total number of Household Members from STEP 3 [ ]

Last Four Digits of Social Security Number (SSN) of Adult Completing Form *** – ** – [ ][ ][ ][ ]   **Check if no SSN** ☐

STEP 4 — Contact Information and Adult Signature

"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."

Printed name of adult completing the form: _____

Signature of adult completing the form: X _____

Today's Date: M M D D Y Y

Street Address (if available): _____

City: _____

State: T X

ZIP Code: _____

Home Phone Number: _____

Work Phone Number: _____

Email: _____