Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

If more spaces are needed, use the Additional Names section on the back.

Return to: or Apply Online:

Midlothian ISD

Mandie Tucker at 315 East Ave E

https://www.nlappscloud.com

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster Care**, **Head Start**, and children who meet the definition of **Homeless**, **Migrant**, or **Runaway** are eligible for free meals. Read the directions for more information.

Child's First Name				

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ild's Last Name	.

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Student?

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Homeless.

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STEP 2	Do any Household Membe	rs (including you)	currently partici	oate in one or more of	the following assistance	programs: SNAP, TANF, or FDPIR?

If **NO** Go to STEP 3

If YES

Write the Eligibility Determination Group (EDG, *n/a for FDPIR*) number here, then go to STEP 4 (do <u>not complete STEP 3</u>).

EDG Number

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

A. Last four digits of Social Security Number (SSN) of an Adult Household Member

XXX- XX- Check if no SSN

B. Income for Adult Household Members (including yourself)

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 gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: 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. If more spaces are needed, use the Additional Names section on the back.

Name of Adult Household Members	Work Earnings	Frequency	Public Assistance/		Fr	equen	ıcy		Pensions/Retirement/ Social Security/SSI/		Fr	equen	сy	
(First & Last)		W E T M A	Child Support/Alimony	W	Е	Т	M	A	VA Benefits/All Other	W	Е	Т	M	A
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C. Income for Children in the Household

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.

Total Child Income	W	Е	Т	M	A
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D. Total Household Members	
(Children & Adults)	

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."

					<u> </u>	
		II.				
Street address (if available)	Apt#	City	State	Zip code	Daytime phone and email (optional	.)
				III		

Printed name of adult signing the form

Signature of adult

Today's date

Updated May 31, 2024

ADDITIONAL NAMES		
List any additional \boldsymbol{child} household members not listed in STEP 1.		Student? Head Foster Migrant.
Child's First Name	MI Child's Last Name	Ves No Crado Start Skild Burgary
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		O O O O O O O O O O O O O O O O O O O
List any additional adult household members not listed in STEP 3.	Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per	<u> </u>
Name of Adult Household Members Work Earnings	Frequency Public Assistance/ Frequency Child Support/Alimony	30Clar Security/331/
(First & Last) \$ \$ \$	W E T M A Cliff 3dpport/Amiliony W E T	M
\$		
reduced price meals. You must include the last four digits of the required when you apply on behalf of a foster child or you list Program on Indian Reservations (FDPIR) case number or oth security number. We will use your information to determine if share your eligibility information with education, health, an enforcement officials to help them look into violations of program accordance with federal civil rights law and U.S. Department national origin, sex (including gender identity and sexual origins).	s the information on this application. You do not have to give the information he social security number of the adult household member who signs the applicated a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance FDPIR identifier for your child or when you indicate that the adult house your child is eligible for free or reduced price meals, and for administration and nutrition programs to help them evaluate, fund, or determine benefits ram rules. Each of Agriculture (USDA) civil rights regulations and policies, this institution entation), disability, age, or reprisal or retaliation for prior civil rights activitiernative means of communication to obtain program information (e.g., Brai	cation. The last four digits of the social security number is not acce for Needy Families (TANF) Program or Food Distribution whold member signing the application does not have a social and enforcement of the lunch and breakfast programs. We MAY for their programs, auditors for program reviews, and law is prohibited from discriminating on the basis of race, color, y. Program information may be made available in languages

contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

DO NOT COMPLETE. This section for school use only.				
Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.	Date Received Date Withdrawn			
Household Size Total Income W E T M A O O O O	Reviewing/Determining Official's Signature Date			
Categorical Determination Eligibility Free Reduced Denied	Confirming Official's Signature Date			