Multi-Use Application for Free and Reduced-Price School Meals

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

26-27

Return to: **Argyle ISD**
6701 Canyon Falls Drive, Flower Mound, Texas 76226
or Apply Online: *www.schoolcafe.com/argyelisd*

STEP 1 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.

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	MI	Child's Last Name	Student? Yes	Student? No	Grade	Check any that apply: Head Start	Foster Child	Homeless, Migrant, Runaway
			○	○		☐	☐	☐
			○	○		☐	☐	☐
			○	○		☐	☐	☐
			○	○		☐	☐	☐
			○	○		☐	☐	☐

STEP 2 Do any Household Members (including you) currently participate 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 not complete STEP 3).

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 (First & Last)	Work Earnings	Frequency W	E	T	M	A	Public Assistance/ Child Support/Alimony	Frequency W	E	T	M	A	Pensions/Retirement/ Social Security/ SSI/ VA Benefits/All Other	Frequency W	E	T	M	A
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○

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 $ _____ Frequency W ○ E ○ T ○ M ○ A ○

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."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip code _____ Daytime Phone and Email (optional) _____

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

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STEP 5 *(Optional)* Sharing Information with Other Programs

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligibility for free or reduced-price meals**.**

Argyle ISD Athletics & Testing Fees

ADDITIONAL NAMES

List any additional **child** household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student? Yes	Student? No	Grade	Check any that apply: Head Start	Foster Child	Homeless, Migrant, Runaway
			○	○				
			○	○				
			○	○				

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 Month, M=Monthly, A=Annually

Name of Adult Household Members (First & Last)	Work Earnings	Frequency W	E	T	M	A	Public Assistance/ Child Support/Alimony	Frequency W	E	T	M	A	Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency W	E	T	M	A
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should 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** _____ **Frequency** W ○ E ○ T ○ M ○ A ○

Reviewing/Determining Official's Signature _____ **Date** _____

Categorical Determination _____ **Eligibility** Free ○ Reduced ○ Denied ○

Confirming Official's Signature _____ **Date** _____

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