Cy-Fair ISD
2026 - 2027 Multi-Use Application for Free and Reduced Price Meals
Complete one application per household. Please use a pen (not a pencil).

Apply online at
https://schoolcafe.com

STEP 1 — List ALL Children Attending School

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	School Code	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

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.

EDG Number:

STEP 3 — All Household Member 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 (First and Last)	Earnings from Work	How Often? W E T M	Public Assistance / Child Support / Alimony	How Often? W E T M	Pensions / Retirement / 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 Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member *** -** -

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

6096

Cy-Fair ISD Food Service Department 11355 Perry Rd. Houston TX 77064, (281) 897-4550