

Application for Free and Reduced-Price School Meals

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

Return to:

or Apply Online:

Carroll ISD

2400 N Carroll Ave Southlake TX, 76092

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?		Grade	Check any that apply	Head Start	Foster Child	Homeless, Migrant, Runaway
			Yes	No					
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐

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					Public Assistance/ Child Support/Alimony	Frequency					Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
	\$ <input type="text"/>	☐	☐	☐	☐	☐	\$ <input type="text"/>	☐	☐	☐	☐	☐	\$ <input type="text"/>	☐	☐	☐	☐	☐
	\$ <input type="text"/>	☐	☐	☐	☐	☐	\$ <input type="text"/>	☐	☐	☐	☐	☐	\$ <input type="text"/>	☐	☐	☐	☐	☐
	\$ <input type="text"/>	☐	☐	☐	☐	☐	\$ <input type="text"/>	☐	☐	☐	☐	☐	\$ <input type="text"/>	☐	☐	☐	☐	☐
	\$ <input type="text"/>	☐	☐	☐	☐	☐	\$ <input type="text"/>	☐	☐	☐	☐	☐	\$ <input type="text"/>	☐	☐	☐	☐	☐

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	E	T	M	A
☐	☐	☐	☐	☐

D. Total Household Members (Children & Adults)

STEP 4 Contact information and adult signature.

I certify that the information on this application is true and that all household income is reported. I understand that Carroll ISD may verify the information provided to determine eligibility for district meal assistance. I understand that providing false information may result in the loss of meal benefits.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address (if available)	Apt #	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Today's date	Daytime phone and email (optional)	

ADDITIONAL NAMES

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

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

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					Public Assistance/ Child Support/Alimony	Frequency					Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐

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.

Household Size	Total Income	Frequency				
		W	E	T	M	A
		☐	☐	☐	☐	☐
Categorical Determination	Eligibility	Free	Reduced	Denied		
☐		☐	☐	☐		

Date Received		Date Withdrawn	
Reviewing/Determining Official's Signature		Date	
Confirming Official's Signature		Date	