South Texas ISD	, 2021-2022 Standard	(Multi-Child)	Application for	Free and Red	luced-Price S	School Meals
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This Box for School Use Only.

	lete one application		ase use a pen (not a	pencil). Apply online at	http://www.south	texasisd.ne	t	Date	Withdrawn:			
Step 1: Definition of Homeless, Mi	Household Memb igrant, or Runawa	er: <i>anyone who is li</i> ay or who participat	<i>iving with you and</i> e in Head Start are	shares income and exp eligible for free meals.	oenses, even if not Please read the di	<i>related</i> . C irections fo	hildren in Fo or more inform	oster care; chi mation.	ldren who	meet the de	efinition of	
				and Including Grade 12					ction on the	e back.		
List each child's name.			-	Student Attend Distri			Optional: Student ID		Che	eck all that app	ply.	
First Name	MI	Last Name		Yes	No	Grade	Number	Foster	Head Start	Homeless	Migrant	Runaway
1.												
2.												
3.												
4.					\Box							
B. Participation in a C	ategorical Program	1										
-			of the following prog	grams— <u>Foster, Head Sta</u>	rt, Homeless, Mig	rant, or Ru	naway, skip S	tep 2 and com	plete Step 3	3.		
				ently participate in SNA				•				
	2			lity Determination Grou	,		э		, skip Ste	ep 2, and co i	mplete Step	3.
If Yes to FDPI	R , check this box], skip Step 2, and co	omplete Step 3.						-			
Step 2: Please read th	e directions for m	ore information for	the following ques	stions.								
	Iousehold Members	(Skip this step if you en	ntered an EDG number	r or checked the box to indic	cate participation in 1	FDPIR in St	ep 1).					
Report Income for ALL H												
-	Social Security Nu			nber: XXX-XX			-					
A. Last Four Digits of S	•	mber (SSN) of an Ad	lult Household Men			□ Check	if no SSN	k.)				
A. Last Four Digits of S B. <u>Income for Adult</u> Ho List all Household Me	ousehold Members embers not listed in S	mber (SSN) of an Ad (Include Yourself, Bu TEP 1 (including yours	lult Household Men It Not Children. If m self) even if they do no	uber: XXX-XX ore spaces are needed, us t receive income . For each H	se the Additional N Household Member l	Check Names secti listed, if they	if no SSN ion on the bac do receive inco	me, report total	income (with	hout deductio	ons) for each s	source in
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Printed Name of Adult Household Member Signing the Form	Signature of Adult Household Member Signing the Form	Today's Date	

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.											
List each child's name.				ends School in strict?		Optional: Student ID		Che	eck all that ap	ply.	
First Name	MI	Last Name	Yes	No	Grade	Number	Foster	Head Start	Homeless	Migrant	Runaway
5.											
6.											
7.											
8.											
9.											

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

	(Circle One)
W-E-T-M-A	\$ W-E-T-M-A
W-E-T-M-A	\$ W-E-T-M-A
W-E-T-M-A	\$ W-E-T-M-A
	+

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

R	ecord total income by frequency for each child who receives regular income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
	1.	\$	\$	\$	\$	\$
	2.	\$	\$	\$	\$	\$
	3.	\$	\$	\$	\$	\$

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discriminationcomplaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.						
Income Determination: Multiple income frequencies must be converted to annu	Date Received:					
provided by the household. If converting income to annual, round only the final	Categorical Determination:					
Household Size: Total Income: Weekly	Every 2 Weeks Twice a Month Monthly Annually	Eligibility: Free Reduced Denied				
Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date					