	Ira Isd, 2020 Complete one application per hous			ree and Reduced-Price pply online at <i>Applicatio</i>		line at Iro	1.esc14.net		s Box for Sch e Withdrawn	ool Use Only. 1:			
Step 1:	Definition of Household Member Homeless, Migrant, or Runaway								ildren who	meet the de	finition of		
A. Lis	t ALL Household Members Who Ar	e Infants, Children, a	nd Students up to a	and Including Grade 12.	If more spaces are	e needed,	use the Addition	nal Names s	ection on th	e back.			
List ea	ch child's name.			Student Attends So	chool in District?		Optional:		Che	eck all that app	ly.		
First	Name MI La	ast Name		Yes	No	Grade	Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway	
1.													
2.													
3.													
4.													
B. Pa	rticipation in a Categorical Program						1						
•	If every child listed in Step 1 is a pa	articipant any one of	the following progr	ams—Foster, Head Star	t, Homeless, Migi	ant, or R	unaway, skip Ste	ep 2 and cor	nplete Step	3.			
•	SNAP, TANF, or FDPIR: Do any Ho						_ _/ I	1	1				
	If No, complete Steps 2 and 3. If Y		01 .				се		, skip St	ep 2, and cor	nplete Step	3.	
	If Yes to FDPIR , check this box ,		Ų			1			•	1	•		
Step 2:	Please read the directions for mo	re information for tl	he following quest	ions.									
-	t Income for ALL Household Members (S	Skip this step if you ente	ered an EDG number	or checked the box to indica	ate participation in I	FDPIR in S	Step 1).						
A. Las	t Four Digits of Social Security Num	ber (SSN) of an Adul	t Household Meml	ber: XXX-XX		□ Check	if no SSN						
B. <u>Inc</u>	ome for Adult Household Members (I	Include Yourself, But I	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 (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)										
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 income (without deductions) for each source in													
Lis	<u>t</u> all Household Members <u>not listed in ST</u>	EP 1 (including yoursel	f) even if they do not :	receive income. For each H	ousehold Member li	isted, if the	y do receive incon	ne, report tota	ll income (wit	hout deduction	ns) for each s	ource in	
wh	ole dollars only. Indicate the frequency of	<u>EP 1</u> (including yoursel income: W=Weekly, E	f) even if they do not :	receive income. For each H	ousehold Member li	isted, if the	y do receive incon	ne, report tota	ll income (wit ce, write '0.' I	hout deduction f you enter '0' d	ns) for each s or leave any f	ource in ields blank,	
wh	<u>t</u> all Household Members <u>not listed in ST</u> ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no	<u>EP 1</u> (including yoursel income: W=Weekly, E	f) even if they do not :	receive income. For each H	ousehold Member li	isted, if the they do no	y do receive incon t receive income fi ns/Retirement/	ne, report tota	ll income (wit ce, write '0.' I	hout deduction f you enter '0' d	ns) for each s or leave any f	ource in ields blank,	
wh you	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no	<u>EP 1</u> (including yoursel income: W=Weekly, E	f) even if they do not :	receive income. For each H Iwice per Month, M=Mont	ousehold Member li	isted, if the they do no Pensio	y do receive incon t receive income fi	ne, report tota	ll income (wit ce, write '0.' I	hout deduction f you enter '0' d	ns) for each s or leave any f	ource in ields blank,	
wh you	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings	f) even if they do not : =Every 2 Weeks, T=7 Frequency	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony	ousehold Member li hly, A=Annually. If Frequency	isted, if the they do no Pensio Securit Sec	y do receive incom t receive income fi ns/Retirement/ Social y/Supplemental urity Income	report tota rom any source Frequence	ce, write 'O.' I	f you enter 'O' o All Other	or leave any f	ields blank, requency	
wh you (ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.)	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount)	f) even if they do not : =Every 2 Weeks, T=7 Frequency (Circle One)	receive income. For each H Iwice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount)	ousehold Member li hly, A=Annually. If Frequency (Circle One)	isted, if the they do no Pensio Securit Sec (Er	y do receive incom t receive income fi ns/Retirement/ Social y/Supplemental	report tota rom any source Frequence (Circle On	ce, write 'O.' I ry ne)	f you enter 'O' d	pr leave any f F (C	ields blank, requency ircle One)	
wh you (ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1.	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$	f) even if they do not : =Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A	Public Assistance/ Child Support/ Alimony (Enter Amount)	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A	isted, if the they do not Pensio Securit Sec (Er \$	y do receive incom t receive income fi ns/Retirement/ Social y/Supplemental urity Income	Frequence (Circle On W-E-T-M	ze, write '0.' I zy le) 1-A \$	f you enter 'O' o All Other	pr leave any f F (C W-E	ields blank, requency ircle One) C-T-M-A	
whyou	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2.	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$	f) even if they do not =Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A	isted, if the they do not Pensio Securit Sec (Er \$	y do receive incom t receive income fi ns/Retirement/ Social y/Supplemental urity Income	Frequence (Circle On W-E-T-M W-E-T-M	y le) 1-A \$ 1-A \$	f you enter 'O' o All Other	F (C W-E W-E	requency ircle One) C-T-M-A C-T-M-A	
	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3.	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ \$	f) even if they do not Every 2 Weeks, T= Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$	with the second seco	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$	y do receive incom t receive income fi ns/Retirement/ Social y/Supplemental urity Income ter Amount)	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M	y ee) 4-A \$ 4-A \$ 4-A \$ 4-A \$	f you enter '0' d All Other (Enter Amount)	F. (C W-E W-E W-E W-E	requency ircle One) C-T-M-A C-T-M-A C-T-M-A	
wh you 	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. ome for Children in the Household (D	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ \$ 0 not include adult in	f) even if they do not : =Every 2 Weeks, T=7 (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income f	with the second seco	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ acousehold	y do receive incom t receive income fi ns/Retirement/ Social y/Supplemental urity Income ter Amount) If more spaces a	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M re needed, u	y y Image: A state of the state o	f you enter '0' o All Other (Enter Amount) tional Names	F (C W-E W-E W-E section on	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.)	
wh you 	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. <u>ome for Children in the Household</u> (D ord total income by frequency for each ch	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ \$ 0 not include adult in	f) even if they do not : =Every 2 Weeks, T=7 (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income f	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ s ousehold Weekly	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income ter Amount) If more spaces a Every 2 We	Frequenc (Circle On W-E-T-M W-E-T-M W-E-T-M w-E-T-M are needed, u eks Twice	y ee) 4-A \$ 4-A \$ 4-A \$ 4-A \$	f you enter '0' o All Other (Enter Amount) tional Names Monthly	F (C W-E W-E W-E section on	requency ircle One) C-T-M-A C-T-M-A C-T-M-A	
wh you 	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. 0me for Children in the Household (D ord total income by frequency for each ch 1.	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ \$ 0 not include adult in	f) even if they do not : =Every 2 Weeks, T=7 (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income f	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ \$ s ousehold \$ Weekby \$	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income ter Amount) If more spaces a Every 2 We \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M W-E-T-M re needed, u eks Twice \$	y y Image: A state of the state o	f you enter '0' of All Other (Enter Amount) tional Names Monthly \$	F (C W-E W-E W-E section on X	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.)	
wh you 	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. ome for Children in the Household (D ord total income by frequency for each ch 1. 2.	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ \$ 0 not include adult in	f) even if they do not : =Every 2 Weeks, T=7 (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income f	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ \$ s ousehold Weekly \$ \$	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income (ter Amount) . If more spaces a Every 2 We \$ \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, u eks Twice \$	y y Image: A state of the state o	f you enter '0' d All Other (Enter Amount) tional Names Monthly \$ \$	F (C W-E W-E W-E W-E Section on S \$	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.)	
wh you 	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. <u>ome for Children in the Household</u> (D ord total income by frequency for each ch 1. 2. 3.	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ 0 not include adult in ild who receives regular	f) even if they do not : =Every 2 Weeks, T=7 Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report and income listed in Step	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income f	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ \$ s ousehold \$ Weekby \$	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income ter Amount) If more spaces a Every 2 We \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M W-E-T-M re needed, u eks Twice \$	y y Image: A state of the state o	f you enter '0' of All Other (Enter Amount) tional Names Monthly \$	F (C W-E W-E W-E section on X	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.)	
wh you 	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. <u>ome for Children in the Household</u> (D ord total income by frequency for each ch 1. 2. 3. <u>al Household Members</u> (Count all ch	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ 0 not include adult in ild who receives regular	f) even if they do not : =Every 2 Weeks, T= (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an income listed in Step	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income f	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ \$ s ousehold Weekly \$ \$	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income (ter Amount) . If more spaces a Every 2 We \$ \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, u eks Twice \$	y y Image: A state of the state o	f you enter '0' d All Other (Enter Amount) tional Names Monthly \$ \$	F (C W-E W-E W-E W-E Section on S \$	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.)	
wh you 	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. <u>ome for Children in the Household (D</u> ord total income by frequency for each ch 1. 2. 3. <u>al Household Members (Count all ch</u> Please read the directions for mo	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ 0 not include adult in ild who receives regular ildren & adults living re information on si	f) even if they do not : =Every 2 Weeks, T= (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an income listed in Step	receive income. For each H Twice per Month, M=Mont Public Assistance/ Child Support/Alimony (Enter Amount) \$ \$ \$ y type of regular income f b 1.	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A for children in the h	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ 0usehold \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income ter Amount) . If more spaces a b Every 2 We \$ \$ \$ \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M W-E-T-M re needed, u eks Twice \$ \$ \$	y y Image: A state of the state o	f you enter '0' d All Other (Enter Amount) tional Names Monthly \$ \$	F (C W-E W-E W-E W-E Section on S \$	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.)	
whyou C. Inco Rec D. Tot Step 3: Provid	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. <u>ome for Children in the Household</u> (D ord total income by frequency for each ch 1. 2. 3. <u>al Household Members</u> (Count all ch	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ 0 not include adult in ild who receives regular iildren & adults living re information on si re. Return this applicat	f) even if they do not : =Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an income listed in Step ; income listed in Step ; income listed in Step ; income listed in Step	Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ y type of regular income for 1. 5 Ira, Tx 79527, email at block	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A for children in the h	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ s ousehold Weekly \$ \$ \$ and/or re	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income ter Amount) . If more spaces a b Every 2 We \$ \$ \$ \$ \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M W-E-T-M are needed, u \$ \$ \$ \$ \$ \$ \$	y (a) (b) (c)	f you enter '0' d All Other (Enter Amount) tional Names Monthly \$ \$ \$	F (C W-E W-E W-E Section on S \$ \$ \$	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.) Annually	
whyou C. Inco Rec D. Tot Step 3: Provid I certin	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. 0 <u>ome for Children in the Household</u> (D ord total income by frequency for each ch 1. 2. 3. <u>al Household Members</u> (Count all ch Please read the directions for mo le Contact Information and Adult Signatu	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ 0 not include adult in ild who receives regular ildren & adults living re information on si re. Return this applicat is application is true of	f) even if they do not : =Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an income listed in Step ; income listed in Step	Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ y type of regular income for 1. 5 Ira, Tx 79527, email at blocks for the formula to block for the	ousehold Member li hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A for children in the h	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ s ousehold Weekly \$ \$ \$ and/or re on is given	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income ter Amount) . If more spaces a y Every 2 We \$ \$ \$ \$ \$ turn to your child's n in connection u	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M W-E-T-M are needed, u \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	y y le) A-A \$ A-A \$ A-A \$ Ise the Addi per Month pt of Federal	f you enter '0' d All Other (Enter Amount) tional Names Monthly \$ \$ \$ \$ 1 funds, and th	F (C W-E W-E W-E Section on S \$ \$ \$	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.) Annually	
whyou () () () () () () () () () ()	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. 0 <u>ome for Children in the Household</u> (D ord total income by frequency for each ch 1. 2. 3. <u>al Household Members</u> (Count all ch Please read the directions for mo le Contact Information and Adult Signatu <i>fy (promise) that all information on th</i>	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ 0 not include adult in ild who receives regular ildren & adults living re information on si re. Return this applicat is application is true of	f) even if they do not : =Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report an income listed in Step ; income listed in Step	Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ y type of regular income for 1. 5 Ira, Tx 79527, email at blocks for the formula to block for the	ousehold Member Ii hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A or children in the h	isted, if the they do not Pensio Securit Sec (Er \$ \$ \$ s ousehold Weekly \$ \$ \$ and/or re on is given	y do receive incom t receive income fr ns/Retirement/ Social y/Supplemental urity Income iter Amount) . If more spaces a Every 2 We \$ \$ \$ \$ turn to your child's n in connection used we cuted under app	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M W-E-T-M are needed, u \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	y le) 1–A \$ 1–A \$ 1–A \$ 1–A \$ 1–A \$ 1-A \$	f you enter '0' d All Other (Enter Amount) tional Names Monthly \$ \$ \$ \$ 1 funds, and th	F (C W-E W-E W-E Section on S \$ \$ \$	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.) Annually	
wh you C. Inco Rec D. Tot Step 3: Provic I certi verify Street A	ole dollars only. <u>Indicate</u> the frequency of a are certifying (promising) that there is no Adult's First/Last Name Do not include the income of children in this section. The income of children goes in 2C.) 1. 2. 3. ome for Children in the Household (D ord total income by frequency for each ch 1. 2. 3. al Household Members (Count all ch Please read the directions for mo le Contact Information and Adult Signatu <i>fy (promise) that all information on th</i> <i>(check) the information. I am aware th</i>	EP 1 (including yoursel income: W=Weekly, E o income to report. Work Earnings (Enter Amount) \$ \$ \$ 00 not include adult in ild who receives regular nildren & adults living re information on si re. Return this applicat is application is true of that if I purposely give	f) even if they do not : =Every 2 Weeks, T=7 Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A come. Do report and income listed in Step g in the household) igning this form. ion to 6190 FM 1606 and that all income if false information, m	Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ y type of regular income for a second secon	ousehold Member Ii hly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A or children in the h or children in the h	isted, if they do not Pensio Securit Sec (Er \$ \$ \$ s ousehold Weekly \$ \$ \$ and/or re on is given y be prose	y do receive incom fins/Retirement/ Social y/Supplemental urity Income (ter Amount) If more spaces a Every 2 We \$ \$ \$ \$ turn to your child's in in connection u ecuted under appo Daytime I	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, u second \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	y le) 1–A \$ 1–A \$ 1–A \$ 1–A \$ 1–A \$ 1-A \$	f you enter '0' of All Other (Enter Amount) tional Names Monthly \$ \$ \$ }	F (C W-E W-E W-E Section on S \$ \$ \$	requency ircle One) C-T-M-A C-T-M-A C-T-M-A the back.) Annually	

Step 1	l: Additional Names												
A.	List ALL Household Member	s Who Are	Infants, Children, and Students up	to and Including Grade 12.									
List each child's name.			Student Attends School in District?				Optional:	Check all that apply.					
Fi	irst Name	MI	Last Name	Ү	es	No	Grade	Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway
5.				[
6.				[
7.				[

Step 2: Additional Names

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

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retir Social Security/Suppl Security Inc (Enter Amo	emental come	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	V	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	1	W-E-T-M-A	\$	W-E-T-M-A
C. Income for Children in the Household (Do no	ot include adult income. I	Do report any type of re	egular income for children i	n the household.)					
Record total income by frequency for each cl	hild who receives regula	r income listed in Step	01.	-	Weekly	Every 2 \	Weeks Twice p	er Month Monthly	Annually
1.				_	\$	\$	\$	\$	\$
2.					\$	\$	\$	\$	\$

Step 4 (Optional), Sharing Information with Other Programs

For the following programs, we must have your permission to share your information. Please <u>circle</u> 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.

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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	Eligibility: Free 🗌 Reduced 🗌 Denied 🗌		
Reviewing/Determining Official's Signature/Date			