

Additional Household Member Space—2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

Step 1, Additional **List ALL Household Members who are infants, children, and students up to and including grade 12.**

List each child's name.

First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District? Yes No	Check all that apply: Foster Head Start Homeless Migrant Runaway
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 3, Additional **Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2).**

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
7.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
8.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
9.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
10.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	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.

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Do Not Fill Out This Part. This Is For School Use Only

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12

Household Size: Categorical Eligibility Total Income: _____ Per Week Every 2 Weeks Twice a Month Monthly Annually

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

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Date Received: _____

Eligibility: Free Reduced Denied

Date Withdrawn: _____

Electra ISD, 2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

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

Step 1 Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related. Please read the directions for more information.

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: First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District?		Check all that apply.						
				Yes	No	Foster	Head Start	Homeless	Migrant	Runaway		
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If every child listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.

Step 2 Please read the directions for more information.

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?
If No, go to Step 3
If yes > Write the Eligibility Determination Group Number (EDG) in this space _____, skip Step 3, and go to Step 4.

Step 3 Please read the directions for more information.

Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).

A. Income for Children in the Household
 Record total income by frequency for all children listed in Step 1. \$ _____ **Weekly** \$ _____ **Every 2 Weeks** \$ _____ **Twice per Month** \$ _____ **Monthly** \$ _____ **Annually** \$ _____

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 income (without deductions) for each source in whole dollars only. Indicate the frequency of income: 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.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

Total Household Members (Children & Adults) _____ Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form: XXX-XX-____ Check if no SSN

Step 4 Provide 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/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Completing the Form _____ Signature of Adult Completing the Form _____ Today's Date _____