Tolar Independent School District, 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 instructions for more information. Please read the instructions for more information.

Children in **Foster** care; children who meet the definition of **Homeless**, **Migrant**, or **Runaway** or who participate in **Head Start** are eligible for free meals.

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? Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
1.				☐	☐	☐	☐	☐	☐	☐
2.				☐	☐	☐	☐	☐	☐	☐
3.				☐	☐	☐	☐	☐	☐	☐
4.				☐	☐	☐	☐	☐	☐	☐
5.				☐	☐	☐	☐	☐	☐	☐
6.				☐	☐	☐	☐	☐	☐	☐

Check all that apply.

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 instructions for more information.

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 Number (EDG) in this space _____, skip Step 3, and go to Step 4.

Step 3

Please read the instructions 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

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
Record total income by frequency for all children listed in Step 1.	$	$	$	$	$

B. Income for Adult Household Members (Including Yourself)

List all Household Members <u>not listed in STEP 1</u> (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. <u>Indicate</u> 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:** X X X - XX - __ __ __ __ ☐ **Check if no SSN**

Step 4

Please read the instructions for more information.

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

Step 1, Additional	List ALL Household Members who are infants, children, and students up to and including grade 12. *If more spaces is needed, use the Additional Household Member Sheet.*

List each child's name.

First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District? Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
1.				☐	☐	☐	☐	☐	☐	☐
2.				☐	☐	☐	☐	☐	☐	☐
3.				☐	☐	☐	☐	☐	☐	☐
4.				☐	☐	☐	☐	☐	☐	☐
5.				☐	☐	☐	☐	☐	☐	☐

Check all that apply.

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)
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

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	**Date Received:**
Household Size: _____ ☐ Categorical Eligibility Total Income: _____ **Per** ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Annually	**Eligibility:** ☐ Free ☐ Reduced ☐ Denied
Reviewing/Determining Official's Signature: Date:	
Confirming Official's Signature: Date:	**Date Withdrawn:**
Follow –Up Official's Signature: Date:	