2023-2024 Application for Free and Reduced-Price School Meals

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

Printed name of adult signing the form

Return to: or Apply Online:

Today's date

108 E AVE F JARRELL, TX 76537

June 12, 2023

STEP 1 List ALL Household M	Iembers who are in	fants, children, and stu	ıdent	s up to and including g	grade 12					
If more spaces are needed,	use the Additional Name.	s section on the back.				Ç+ı	ıdent?			Homeles
Definition of Household Member :	Child's First Name		MI	Child's Last Name		Yes	No No	Grade	Head Start	Foster Migrant Child Runawa
"Anyone who is living with you and \	Cilità 3 i ii st ivaine		1411	Cinia 3 Last Name		140				Cilita Kullawa
shares income and expenses, even if not related."									<u>dd</u>	
									t al	
Children in Foster Care, Head Start, and children who meet the									d the	
definition of Homeless , Migrant ,									ans	
or Runaway are eligible for free									Check any that apply	
meals. Read the directions for more information.									ᅨ	
STEP 2 Do any Household Me	embers (including y	ou) currently participa	ate in	one or more of the fol	lowing assistance	programs	s: SNAP, TA	ANF, or FDP	IR?	
If NO — Go to STEP 3	3 If YES —	Write the I	Eligibi	lity Determination Group	(EDG, n/a for FDP	IR)	ED C N			
If NO Go to STEP 3	5 11 1 E.S	number	here,	then go to STEP 4 (do <u>no</u>	t complete STEP 3)		EDG Nu	mber		
STEP 3 Report Income for AL	L Household Memb	ers (Skip this step if yo	ou an:	swered 'YES' to STEP 2	2)					
A I . C	N I (CCN) C	A 1 1: TY 1 1134	,							
A. Last four digits of Social Security			nber	XXX- XX-	Check	k if no SSN				
B. Income for Adult Household Men		**								
List all Household Members not listed in beach source in whole dollars (no cents) or	STEP 1 (including yours	elf) even if they do not rece	eive inc	come. For each Household I	Member listed, if they	do receive i	ncome, repo	rt total gross i	ncome (beto	ore taxes) for
0'. If you enter '0' or leave any fields blan									onie nom an	y source, write
Name of Adult Household Members	Work Earnings	Frequency		Public Assistance/	Frequenc	cv	Pensions/l	Retirement/	Fre	equency
First & Last)		W E T M	A	Child Support/Alimony	W E T	M A	Social Secu VA Benefit	rity/SSI/ s/All Other	W E	T M A
	¢			.			\$			
	\$		— ;	\$	1		a			
	\$:	\$			\$			
				\$			\$			
	- ·		— ,	Ф	1		Ψ			
	\$:	\$			\$			
C. Income for Children in the Hous	ehold			Total Child Income	W E T	M A	D		116 1	
Sometimes children in the household ear							D. Tota	l Household		
ncome received by all Child Household M		, , ,		\$				(Chilai	ren & Adults	<i>'</i>
ncome from additional children listed on l	, , ,	onversion key provided on b	ack.							
STEP 4 Contact information a	and adult signature.									
$\mbox{``I certify (promise)}$ that all information										
officials may verify (check) the informat	tion. I am aware that if I	purposely give false inform	nation,	my children may lose meal	benefits, and I may b	e prosecute	l under appli	icable State an	ıd Federal la	·WS."
Street address (if available)	 Apt #	City		State	Zip code	Davrti	me nhone s	and email (o	ntional)	
Sirect address (ii available)	Преп	City		Jac	Zip code	Dayti	inc phone a	(0) 	Jeionarj	

Signature of adult

ADDITIONAL NAMES		
List any additional child household members not listed in ST	EP 1.	Student? Homeless,
Child's First Name	MI Child's Last Name	Yes No Grade Start Child Runaway
		Tes No Grade & Start Clinic Kullaway
		ny th
		Check a
List any additional adult household members not listed in S'	EP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Mo	
Name of Adult Household Members Work Earning	Frequency Public Assistance/ Frequency	Pensions/Retirement/ Social Security/SSI/ Frequency
(First & Last)	W E T M A Child Support/Alimony W E T M	A VA Benefits/All Other W E T M A
\$		\$
\$	\$	\$
\$	\$	\$
reduced price meals. You must include the last four digits required when you apply on behalf of a foster child or you Program on Indian Reservations (FDPIR) case number or security number. We will use your information to determ	ires the information on this application. You do not have to give the information, but if of the social security number of the adult household member who signs the application ist a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Jother FDPIR identifier for your child or when you indicate that the adult household movine if your child is eligible for free or reduced price meals, and for administration and each nutrition programs to help them evaluate, fund, or determine benefits for their program rules.	on. The last four digits of the social security number is not Needy Families (TANF) Program or Food Distribution ember signing the application does not have a social enforcement of the lunch and breakfast programs. We MAY
In accordance with fodoral civil rights law and H.C. Donar	ment of Agriculture (USDA) civil rights regulations and policies, this institution is prob	nihitad from discriminating on the basis of race, color

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf 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 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.	Date Received	Date Withdrawn						
Household Size Total Income W E T M A	Reviewing/Determining Official's Signat	ture Date						
Categorical Determination Eligibility Free Reduced Denied	Confirming Official's Signature	Date						