

STEP 1 — List All Household Members Who Are Infants, Children, And Students Up To And Including Grade 12

Student ID (optional)	First Name	MI	Last Name	Denton ISD Student?		Date of Birth	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
				Y	N	M M D D Y Y		☐	☐	☐	☐	☐
				Y	N	M M D D Y Y		☐	☐	☐	☐	☐
				Y	N	M M D D Y Y		☐	☐	☐	☐	☐
				Y	N	M M D D Y Y		☐	☐	☐	☐	☐
				Y	N	M M D D Y Y		☐	☐	☐	☐	☐

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one:** Yes / No

EDG Number:

If you answered NO > Complete STEP 3. If you answered YES > Write an Eligibility Determination Group (EDG, *n/a for FDPIR*) number then skip to STEP 4.

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly, A = Annual	Child Income	How Often?			
		W	E	T	M
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.		☐	☐	☐	☐

B. List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult Household Member Name (First and Last)	Earnings from Work	How Often?					Public Assistance / Child Support / Alimony	How Often?					Pensions/Retirement/Social Security/SSI/VA Benefits /All Other	How Often?				
		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		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		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		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				
		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		W E T M A				

Total Household Members
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of
Primary Wage Earner or Another Adult Household Member

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Check if no SSN ☐

STEP 4 — 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."

Printed name of adult completing the form	Signature of adult completing the form	Today's Date
	X	M M D D Y Y
Street Address (if available)	City	State ZIP Code
		T X
Home Phone Number	Cell Number	Email

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, 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>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov. This institution is an equal opportunity provider.

