

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						

STEP 2 — Assistance Programs

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

EDG Number:

If you answered NO > Complete STEP 3. If you answered YES > Write an Eligibility Determination Group (EDG) 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 / All Other Income	How Often?							
		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 *** - ** -

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

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Cell Number

Email

