Nazareth ISD, 2022-2023 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). **Print from online at** http://www.nazarethisd.net

This Box for School Use Only. Date Withdrawn:

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

	• • •		and Including Grade 1			,					
List each child's name. First Name MI Last Name			Student Atten Distr		Option			Cl	neck all that ap	V.	
First Name MI	Last Name		Yes		Grade	Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway
1.			П	П						П	П
2.											
3.											
4.											
B. Participation in a Categorical Progra	m										
• If every child listed in Step 1 is	a participant any one o	f the following prog	rams— <u>Foster, Head St</u>	art, Homeless, Migi	rant, or F	<u>Kunaway</u> , skip S	tep 2 and cor	nplete Step	3.		
• SNAP, TANF, or FDPIR: Do any											
If No, complete Steps 2 and 3.	If Yes to SNAP/TANF	> Write the Eligibil	ity Determination Grou	ıp (EDG) number i	n this spa	ace		, skip S	tep 2, and co	mplete Step	3.
If Yes to FDPIR , check this box		<u> </u>									
Step 2: Please read the directions for											
Report Income for ALL Household Member											
A. Last Four Digits of Social Security N						ck if no SSN					
B. Income for Adult Household Member											
<u>List</u> all Household Members not listed in whole dollars only. <u>Indicate</u> the frequence	<u>STEP 1</u> (including yours	elf) even if they do not F-Every 2 Weeks, T-	receive income. For each	Household Member l	isted, if th	ey do receive inco	me, report tota	ll income (w	ithout deduction	ns) for each s	ource in
you are certifying (promising) that there	y of friconie. vv = vveekiy,	L-Lvery 2 vvecks, 1-	I wice per Month, M-Mo	muny, A-Ammany. II	mey do n	Of receive income	II OIII ally Souly	ce, write o.	ii you ciitei o	oi icave ally i	
you are certifying (promising) that there	is no income to report.			•			,		-	,	,
	is no income to report.			· ·			,			•	,
Adult's First/Last Name (Do not include the income of children in		F	Public Assistance/ Child		Pensio	ns/Retirement/					
Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensio Securit Sec		Frequency (Circle One	7	All Other (Enter Amount)	Fr	equency rcle One)
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