

INCOME APPLICATION TIPS

**Contracting Entity Name, 2020-2021 Standard (Multi-Child) Application for Free and Reduced-Price School Meals**

This Box for School Use Only.  
Date Withdrawn:

Complete one application per household. Please use a pen (not a pencil). Apply online at <http://www.abcdefgh.edu>

**Step 1:** 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.

**A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.** If more spaces are needed, use the Additional Names section on the back.

List each child's name.			Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
First Name	MI	Last Name	Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Participation in a Categorical Program**

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip this section.
- SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR? If **No**, complete Steps 2 and 3. If **Yes to SNAP/TANF** > Write the Eligibility Determination Group (EDG) number in this space \_\_\_\_\_. If **Yes to FDPIR**, check this box , skip Step 2, and complete Step 3.

**Step 2:** Please read the directions for more information for the following questions.

**Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1.)**

**A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX      Check if no SSN

**B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)**

List all Household Members **not listed in STEP 1** (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, indicate 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 that there is no income to report.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/Security/Savings (Enter Amount)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$

**C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)**

Record total income by frequency for each child who receives regular income listed in Step 1.	Weekly
1.	\$
2.	\$
3.	\$

**D. Total Household Members (Count all children & adults living in the household)**

**Step 3:** Please read the directions for more information on signing this form.

**Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school.**

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 application for free and reduced-price school meals. 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.

**INCOME APPLICATION**

**Step 1:** Review to see if any boxes are checked for household members that are children. Contact the appropriate school officials for documentation. Include the contact telephone number for the foster/homeless liaison and the migrant coordinator on the household letter attached to the application.

**Step 2:**

A. An adult in the household must provide the last four digits of their social security number or check the No SS# box.

B. All household members not listed in Step 1 (even if they do not receive income) should be listed. No income may be indicated under "Work Earnings" as a "0" or by leaving the field blank.

C. Income for children should be recorded individually by frequency for each child listed in Step 2C.

D. Total household members should match total child and adult names in Step 1 and Step 2B. Adult completing application may have forgotten to include a name. Contact the household to confirm total members in household if the count is **higher** than the number of names listed. The household is not required to enter a total.

**Step 3:** An adult in the household should provide contact information, signature and date.  
\*All applications must be signed by an adult household member. Any printed name or cursive signature appearing in the space following the certification statement is an acceptable signature. Legal signatures do not have to be cursive. An X may be considered a signature. The adult signing the application must be listed in Step 2B.

Street Address/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (Optional) \_\_\_\_\_

Printed Name of Adult Household Member Signing the Form \_\_\_\_\_ Signature of Adult Household Member Signing the Form \_\_\_\_\_ Today's Date \_\_\_\_\_

## INCOME APPLICATION TIPS

### Step 1: Additional Names

A. 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	Student Attends School in District?		Grade	Optional: Student		Check all that apply.				
			Yes	No		ID Number	Foster	Head Start	Homeless	Migrant	Runaway	
5.			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	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)
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
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the info of the social security number of the adult household member who signs the application. The last four digits of the social security number (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) 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 with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, and

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Alternative means of communication for program information (e.g. Braille, large print, etc.) are available upon request. Contact the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250, (866) 632-9992. Submit your completed form or letter to the Assistant Secretary for Civil Rights, (202) 744-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Determine eligibility based on the Household Size and Total Income. Use the Income Eligibility Guidelines (IEG) chart to determine meal eligibility; Free, Reduced or Denied. Identify reason if denied.

Your child for free or reduced price meals. You must include the last four digits of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) for child or when you indicate that the adult household member signing the application is the parent or guardian of the child. We MAY share your eligibility information with officials to help them look into violations of program rules.

and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, etc.) are available upon request. Individuals who are deaf, hard of hearing, or have a speech impediment may request alternative means of communication for program information (e.g. Braille, large print, etc.) are available upon request.

Total Household Size MUST equal the number of household members listed in Step 1 and Step 2B.

Reviewing/Determining Official must sign and date (not required for web-based applications, only batch signature required).

Record date received in Child Nutrition Office and check Free, Reduced or Denied after making determination.

#### Do Not Fill Out This Part. This is For School Use Only.

<p><b>Income Determination:</b> 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</p>						<p><b>Date Received:</b></p>				
Household Size: _____	Total Income: _____	Weekly <input type="checkbox"/>	Every 2 Weeks <input type="checkbox"/>	Twice a Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	Categorical Determination <input type="checkbox"/>	Eligibility: Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>

Reviewing/Determining Official's Signature/Date

Confirming Official's Signature/Date

Verified applications only when confirmation review is required.

All information in the "For School Use Only" section is required on paper applications and should be included in web-based systems.

CATEGORICAL APPLICATION TIPS

Contracting Entity Name, 2020-2021 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

This Box for School Use Only.  
Date Withdrawn:

Complete one application per household. Please use a pen (not a pencil). Apply online at <http://www.abcdefgh.edu>

**Step 1:** 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.

**A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.** If more spaces are needed, use the Additional Names section on the back.

List each child's name.			Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
First Name	MI	Last Name	Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Participation in a Categorical Program**

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDPIR:** Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?  
If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space \_\_\_\_\_, skip Step 2, and complete Step 3.  
If Yes to FDPIR, check this box , skip Step 2, and complete Step 3.

**Step 2:** Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1.)

**A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX \_\_\_\_-\_\_\_\_-\_\_\_\_  Check if no SSN

**B. Income for Adult Household Members** (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do not receive income from a job, business, or other source, indicate 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, indicate that there is no income to report.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pension/ Social Security
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$

**C. Income for Children in the Household** (Do not include adult income. Do report any type of regular income for children in the household. If no income, enter \$0.)

Record total income by frequency for each child who receives regular income listed in Step 1.	Weekly
1.	\$
2.	\$
3.	\$

**D. Total Household Members** (Count all children & adults living in the household) \_\_\_\_\_

**Step 3:** Please read the directions for more information on signing this form.

**Provide Contact Information and Adult Signature.** Return this application to insert mailing address, fax number, email, and/or return to your child's school.

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 application for free and reduced-price school meals. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State law.

Street Address/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Printed Name of Adult Household Member Signing the Form \_\_\_\_\_ Signature of Adult Household Member Signing the Form \_\_\_\_\_

**CATEGORICAL APPLICATION**

**Step 1B:**  
Review to see if any boxes are checked for household members that are children. Contact the appropriate school officials for documentation. Include the contact telephone number for the foster/homeless liaison and the migrant coordinator on the household letter attached to the application.  
A valid SNAP or TANF EDG (Eligibility Determination Group) number should be one of the following:  
(1) 9-digit number between "0" and "9"  
OR  
(2) 8-digit number that does NOT begin with a "0"  
The CE should try to match student names in Texas ELMS. If student names are matched, the application is noted as inactive.

**Step 2:**  
If an incorrect EDG# cannot be obtained and student names are not matched in Texas ELMS the application can be processed as an income application if all required information is provided.

**Step 3:**  
An adult in the household should provide contact information, signature and date.  
\*All applications must be signed by an adult household member. Any printed name or cursive signature appearing in the space following the certification statement is an acceptable signature. Legal signatures do not have to be cursive. An X may be considered a signature.

**CATEGORICAL APPLICATION TIPS**

**Step 1: Additional Names**

A. 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.

Student Attends School in District?

Optional: Student

Check all that apply.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway
			Yes	No							
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Step 2: Additional Names**

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	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)
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
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

on, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing](http://www.ascr.usda.gov/complaint_filing). Enter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form to the National Office for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Reviewing/Determining Official must sign and date (not required for web-based applications, only batch signature required).

Record date received in Child Nutrition Office and check Categorical Determination, Eligibility: Free after making determination.

**Do Not Fill Out This Part. This Is For School Use Only.**

**Income Determination:** 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

Household Size: _____	Total Income: _____	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Date Received:</b>			
<b>Categorical Determination</b>	<b>Eligibility:</b>	Free	Reduced
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewing/Determining Official's Signature/Date

Confirming Official's Signature/Date

Verified applications only when confirmation review is required.

All information in the "For School Use Only" section is required on paper applications and should be included in web-based systems.