



HOUSTON INDEPENDENT SCHOOL DISTRICT APPLICATION FOR FREE & REDUCED-PRICE MEALS

School Year 2010 — 2011

School Name: _____

Campus ID:

PART 1 — CHILDREN IN SCHOOL - (Use a separate application for each foster child)

Print the name of EACH STUDENT attending SCHOOL		Date of Birth	Grade	Student ID Number (FOR SCHOOL USE ONLY)	Eligibility Group # for SNAP or TANF (if any, SKIP TO PART 4)
First Name	Last Name	MI M M D D Y Y			

If you listed a SNAP/ TANF case number for one child, SKIP TO Part 4.

PART 2 — FOSTER CHILD

If this application is for a child who is the legal responsibility of a welfare agency or court, place an X in the box and list the amount of the child's personal use monthly income: \$ SKIP TO PART 4.

PART 3 — HOUSEHOLD MEMBERS GROSS INCOME FROM LAST MONTH

(List each person in the household. For each person who receives income, write the amount received and how often it is received.)

Household Size
(Number of people living in your house)

Income and how often received:

W = Weekly, E = Every 2 weeks,
T = Twice per month, M = Monthly

Example for \$200
paid Every 2 weeks:

2 0 0 0 0 W E T M

Name (List everyone in Household - including students listed above)	Fill Box If No Income	Earnings from work Before Deductions	How Often?	Welfare Payments, Child Support, Alimony	How Often?	Pension, Retirement, Social Security	How Often?	Any Other Income Including Temporary Income	How Often?
	<input type="checkbox"/>		W E T M		W E T M		W E T M		W E T M
	<input type="checkbox"/>		W E T M		W E T M		W E T M		W E T M
	<input type="checkbox"/>		W E T M		W E T M		W E T M		W E T M
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	<input type="checkbox"/>		W E T M		W E T M		W E T M		W E T M

PART 4 — SIGNATURE AND SOCIAL SECURITY NUMBER - (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the instruction page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal Funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under state and federal statutes.

Signature Today's Date (MMDDYY) Social Security Number I do not have a Social Security Number

Printed Name Home Phone Number Work Phone Number

Mailing Address City State ZIP Code T X

FOR SCHOOL USE ONLY

Principal's Signature

PHONE APPROVAL

Incomplete

Date

Expire Date

TEMP 90

TEMP 30

F R D TF Approver: _____

Notes: _____

