## Friendswood 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).

This Box for School Use Only.
Date Withdrawn:

Step 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.

List each child's name.				Student Attends School in District?		Optional: Student ID		Check all that apply.			back.	
First Name MI	Last Name		Yes	No	Grade	Number	Foster	Head Start	Homeless	Migrant	Runaway	
1.												
2.												
3.												
4.												
B. Participation in a Categorical	Program				'							
• If every child listed in Step	1 is a participant any o	ne of the following	g programs— <u>Foster, H</u>	ead Start, Homele	ess, Migrai	nt, or Runawa	y, <b>skip</b> Step	2 and comp	olete Step 3.			
• SNAP, TANF, or FDPIR: Do	any Household Membe	ers (including you)	currently participate in	n SNAP, TANF, a	and/or FDI	PIR?						
If <b>No, complete</b> Steps 2 and If <b>Yes</b> to <b>FDPIR</b> , check this			•	n Group (EDG) n	umber in t	his space		, sl	kip Step 2, a	and <b>comple</b>	te Step 3.	
Step 2: Please read the directions	for more information t	for the following o	questions.									
Report Income for ALL Household M	Iembers (Skip this step i	f you entered an ED	G number or checked tl	he box to indicate p	participatio	n in FDPIR in	Step 1).					
A.Last Four Digits of Social Secun Member:	rity Number (SSN) of	an Adult Househo	old XXX-XX _		☐ Chec	k if no SSN						
B. Income for Adult Household Me	embers (Include Yourse	elf, But Not Childre	n. If more spaces are n	eeded, use the Ad	lditional N	ames section	on the back.	)				
<u>List</u> all Household Members <u>not liste</u> each source in whole dollars only. <u>In</u> '0' or leave any fields blank, you are	dicate the frequency of inc	come: W=Weekly, E	Every 2 Weeks, T=Twic									
Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Security 1Secu	s/Retirement/ Social //Supplementa rity Income er Amount)	Frequen	•	All Other Enter Amount)		requency	
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M		zmer rimount)		-T-M-A	
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M				-T-M-A	
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M	-A \$		W-E-	-Т-М-А	
C. <u>Income for Children in the House</u> on the back.)	sehold (Do not include	adult income. Do re	port any type of regular	r income for childr	en in the h	ousehold. If m			se the Addit	ional Name	s section	
Record total income by frequency for	each child who receives i	regular income listed	in Step 1.		Weekl	y Every 2 V	Veeks	Гwice per Month	Monthly	<b>y</b>	Annually	
1.					\$	\$	\$		\$	\$		
2.					\$	\$	\$		\$	\$		
3.					\$	\$	\$		\$	\$		
D. <u>Total</u> Household Members (Cou household)	ınt all children & adult	s living in the										
Step Please read the directions :	for more information of	on signing this for	m.									

Provide Contact Information and Adult Signat	ure. Return this application to 402 Lau	rel Dr, Friendswood, Tx	x 77546	
				mation is given in connection with the receipt of Federal funds, and that school nefits, and I may be prosecuted under applicable State and Federal laws.
Street Address/Apt #	City	State	Zip	Daytime Phone and Email (Optional)
Printed Name of Adult Household Member Signing the F		Signature of A	Adult Household Memb	ber Signing the Form Today's Date

Step 1: Additional Names												
A. List ALL Household Memb	oers Who	Are Infants, Children	, and Students up to	G		re needed, i	use the Additiona	al Household	Member Shee	et on the back	-	
List each child's name.		Student Attendorum Distr			Optional: Student ID	Check all that apply.						
First Name	MI	Last Name		Yes	No	Grade	Number	Foster	Head Start	Homeless	Migrant	Runaway
5.												
6.												
7.												
8.												
9.												
Step 2: Additional Names		<del>'</del>			<del>-</del>			<del></del>	<del></del>			<u> </u>
B. Income for Adult Household	d Membe	ers (Include Yourself, B	ut Not Children)									
Adult's First/Last Name (Do not include the income of children		Work Earnings	Frequency	Public Assistance/ Child Support/ Alimony	Frequency	Pensions/Retirement/ Social Security/Supplementa 1Security Income		Frequency		All Other	מ	`requency
in this section. The income of goes in 2D.)	children	(Enter Amount)	(Circle One)	(Enter Amount)	(Circle One)		nter Amount)	(Circle O	•	(Enter Amount		Circle One)
4.		\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M	I-A \$		W-l	Е-Т-М-А
5.		\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M	I–A \$		W-I	Е-Т-М-А
6.		\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M	I–A \$		W-I	E-T-M-A
household.)												
Record total income by freque	ency for e	each child who receives	regular income listed	in Step 1.		Wee	kly Every	2 Weeks	Twice per Month	Montl	hly	Annually
Record total income by frequency.	ency for e	each child who receives	regular income listed	in Step 1.		Wee \$	kly Every \$	2 Weeks	Month	Month	\$	Annually
, ,	ency for e	each child who receives	regular income listed	in Step 1.					Month			Annually
4. 5. 6.				•		\$ \$ \$	\$ \$ \$	\$	Month	\$ \$ \$	\$ \$ \$	· ·
4. 5. 6. The Richard B. Russell National Schethe last four digits of the social security Supplemental Nutrition Assistance Prowhen you indicate that the adult housel and enforcement of the lunch and breal reviews, and law enforcement officials	ool Luncy number of gram (SN nold mem kfast prog to help th	h Act requires the inform of the adult household m AP), Temporary Assista ber signing the application rams. We MAY share yo em look into violations of	nation on this applicati ember who signs the a nce for Needy Familie on does not have a soc our eligibility informat of program rules.	on. You do not have to giv ipplication. The last four di is (TANF) Program or Foo ial security number. We w ion with education, health,	igits of the social se dd Distribution Prog ill use your informa , and nutrition progr	\$  \$  but if you decurity numbers on Induition to determs to help	\$ \$ \$ o not, we cannot ber is not required an Reservations rmine if your chi them evaluate, f	approve your d when you ap (FDPIR) case ild is eligible f fund, or determ	Month  Control of the	\$ \$ or reduced pri f of a foster ch her FDPIR ide aced price me for their progra	\$ \$ \$ \$ ce meals. You list entifier for you list, and for acams, auditors	ou must includ t a our child or dministration t for program
4. 5. 6. The Richard B. Russell National Sch the last four digits of the social security Supplemental Nutrition Assistance Prowhen you indicate that the adult housel and enforcement of the lunch and break	ool Lunci mumber of gram (SN) mold mem kfast prog to help the law and ), disabili o obtain p	h Act requires the inform of the adult household m AP), Temporary Assistates ber signing the application rams. We MAY share your look into violations of U.S. Department of Agrety, age, or reprisal or retorogram information (e.s.	nation on this application ber who signs the a more for Needy Familie on does not have a socour eligibility informat of program rules. iculture (USDA) civi aliation for prior civi g., Braille, large print.	on. You do not have to give application. The last four dies (TANF) Program or Foo ial security number. We will in the ducation, health, a rights regulations and polarights activity. Program is audiotape, American Sig	igits of the social seed Distribution Progrill use your informa, and nutrition progrolicies, this institution information may be an Language), should	\$  \$  but if you decurity number arm on Induition to determ to help on is prohile made ava	\$ \$ \$ o not, we cannot ber is not required an Reservations runine if your child them evaluate, for them discribited from discribited from discribited in language	approve your d when you ap (FDPIR) case ild is eligible f fund, or determ	Month  Control of the	\$ \$ or reduced pri of a foster ch her FDPIR ide uced price me for their progra ce, color, nati ons with disa	\$ \$ \$ ce meals. You list entifier for you last, and for an arms, auditors  onal origin, solilities who is	ou must include t a our child or dministration of for program sex (including require
4. 5. 6. The Richard B. Russell National Schethe last four digits of the social security Supplemental Nutrition Assistance Prowhen you indicate that the adult housel and enforcement of the lunch and breal reviews, and law enforcement officials. In accordance with federal civil rights gender identity and sexual orientation alternative means of communication to TARGET Center at (202) 720-2600 (v. To file a program discrimination comport by writing a letter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secretary for Civil Rights (ASCR) above the latter addressed to USI Secret	ool Lunci y number of gram (SN) nold mem kfast prog to help th s law and ), disabili o obtain p voice and plaint, a C DA. The lout the na	h Act requires the inform of the adult household m AP), Temporary Assistater since a specific to the application of the adult of the adult of the adult of the adult of the application of the adult of the adu	nation on this application ber who signs the a more for Needy Familie on does not have a soc our eligibility informat of program rules. iculture (USDA) civialiation for prior civig., Braille, large print, through the Federal laplete a Form AD-302 omplainant's name, aged civil rights violation.	on. You do not have to give application. The last four distributions (TANF) Program or Footial security number. We will security number and pool rights activity. Program is, audiotape, American Sig Relay Service at (800) 877, USDA Program Discriddress, telephone number, on. The completed AD-30	igits of the social sed Distribution Progrill use your information and nutrition progrolicies, this institution information may be in Language), should 7-8339.  Imination Complainer, and a written descoper form or letter may be in the social section of the social section of the social section in the social section of the social	\$  sut if you decurity number arm on Indution to deterams to help on is prohibe made availed contact to the troops of the content of the cont	\$ \$ o not, we cannot ber is not required ian Reservations remine if your chief them evaluate, for them evaluate, for them evaluate in language he responsible strick can be obtain the alleged discrimitted to USDA	approve your d when you ag (FDPIR) case ilid is eligible frund, or determinating on the state or local agence of the state of th	Month  Control of the	\$ \$ or reduced price of a foster cher FDPIR ideaced price means of their programment on swith disalministers the support of Agrical Particles of Particle	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ou must include that a bur child or administration of for program sex (including require USDA's 166) 632-9992 istant the of the
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Confirming Official's Signature/Date

Reviewing/Determining Official's Signature/Date