**This Box for School Use Only.**
**Date Withdrawn:**

| 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? | | | Optional: Student ID | Check all that apply. | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 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 receive income, report total income (without deductions) for each source in whole dollars only. 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, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) 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 2C.) | 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) |
|---|---|---|---|---|---|---|---|---|
| 1. | $ | W–E–T–M–A | $ | W–E–T–M–A | $ | W–E–T–M–A | $ | W–E–T–M–A |
| 2. | $ | W–E–T–M–A | $ | W–E–T–M–A | $ | W–E–T–M–A | $ | W–E–T–M–A |
| 3. | $ | 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. 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 | Every 2 Weeks | Twice per Month | Monthly | Annually |
|---|---|---|---|---|---|
| 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. |
|---|---|

April 15, 2020

**Provide Contact Information and Adult Signature. Return this application to 906 Farm Street, Bastrop, Texas 78602, fax number: 512-308-9659, rpacheco@bisdtx.org, 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 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.*

| | | | | |
|---|---|---|---|---|
| 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 |

## 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? | | Grade | Optional: Student ID Number | Check all that apply. | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| First Name | MI | Last Name | Yes | No | | | Foster | Head Start | Homeless | Migrant | Runaway |
| 5. | | | ☐ | ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. | | | ☐ | ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. | | | ☐ | ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. | | | ☐ | ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. | | | ☐ | ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ |

## 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. | $ | $ | $ | $ | $ |

This institution is an equal opportunity provider.

| 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<br><br>Household Size: \_\_\_\_\_        Total Income: _____        Weekly ☐   Every 2 Weeks ☐   Twice a Month ☐   Monthly ☐   Annually ☐ | **Date Received:**<br><br>**Categorical Determination:** ☐<br><br>**Eligibility:** Free ☐   Reduced ☐   Denied ☐ |
| Reviewing/Determining Official's Signature/Date | Confirming Official's Signature/Date | |
| | | |
| | | |