## South Texas ISD Child Nutrition Program, 2020-2021 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

This Box for School Use Only. Date Withdrawn:

Apply online at http://www.stisd.net	(not a pencil)	Please lise a per	ate one application per nousehold	Complete one a

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	Are Infants, Children, and	otudents up to	•	•	needed	i, use the Additional	i ivames section	on the b	ack.		
List each child's name.			Student Attends Sch	ool in District?		Optional: Student		Che	eck all that app	y.	
First Name MI	Last Name		Yes	No	Grade	ID Number	Foster H	ad Start	Homeless	Migrant	Runa
1.											
2.											
3.							П				
4.			П	П			П		П		
B. Participation in a Categorical Progra	am										-
If every child listed in Step 1 is a		following program	s—Foster, Head Start, Ho	meless. Migrant. o	or Runav	vav. <b>skip</b> Step 2 an	d <b>complete</b> Ste	p 3.			
SNAP, TANF, or FDPIR: Do any Ho	· · · · · · · · · · · · · · · · · · ·	<u> </u>		•	21 1 101101	<u></u> , op o.op <u>-</u>	<u> </u>	r v.			
If <b>No, complete</b> Steps 2 and 3. If	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			ace		. skip Step 2.	and com	plete Step 3.		
If <b>Yes</b> to <b>FDPIR</b> , check this box				,					- <b>-</b>		
<b>p 2:</b> Please read the directions for n		·									
Report Income for ALL Household Members		• •		ate participation in	EDDID i	n Stan 1)					
A. Last Four Digits of Social Security N											
3. <u>Income for Adult</u> Household Members	•					•					
<u>List</u> all Household Members <u>not listed in S</u>											
only. Indicate the frequency of income: W=	Weekly. E=Every 2 Weeks. T=	Twice per Month M	=Monthly A=Annually If they	do not roccivo incon							
the at the constraint of the constraint	· · · · · · · · · · · · · · · · · · ·	po	monday, it rumdany. It diey	do not receive incom	ne trom a	ny source, write '0.' If	you enter '0' or le	ave any fie	elds blank, you	are certifying	g (promis
that there is no income to report.	, , , , , , , , , , , , , , , , , ,	Times per menur, m	monany, it rumbany. It aloy	do not receive incon			you enter '0' or le	ave any fie	elds blank, you	are certifying	g (promis
·	,, <b>,</b>		Public Assistance/ Child	do not receive incon	Pensio	ons/Retirement/ Social	you enter '0' or le	ave any fie	elds blank, you	are certifyin	g (promis
that there is no income to report.  Adult's First/Last Name (Do not include the income of children in this	Work Earnings	Frequency		Frequency	Pensio Sec		you enter '0' or le	ave any fie	All Other	are certifyin	- "
Adult's First/Last Name		·	Public Assistance/ Child Support/ Alimony (Enter Amount)		Pensio Sec	ons/Retirement/ Social urity/Supplemental		ave any fie	·	are certifying	Frequenc
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Step 1:	Additional Names								-					
	st ALL Household Members W	ho Are I	nfants, Children, and Studen	ts up to and Includi			e Addition	nal Household Member	r Sheet on th	e back.	<b>.</b>			
	each child's name.		1 (1)		Student Attends S			Optional: Student				all that apply	<b>/</b> .	
	Name	MI	Last Name		Yes	No	Grade	ID Number	Foster	Head St	tart I	Homeless	Migrant	Runaway
5.														
6.														
7.														
8.														
9.														
Step 2:	Additional Names													
B. <u>lr</u>	come for Adult Household Men	nbers (In	clude Yourself, But Not Child	ren)										
	Adult's First/Last Name				Public Assistance/ Chil	d		ons/Retirement/ Social urity/Supplemental						
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_	5.		\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-N	1-A	\$		1	W-E-T-M-A
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		(20	not include addit income. Do re	port any type of regul	ar income for children in the	e household.)								
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Re - -	1.	`		. , ,,	ar income for children in the	\$ \$	Weekly	\$ \$	\$ \$	ce per Mon	\$ \$	Monthly	\$	Annually
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