2023-2024 Application for Free and Reduced-Price School Meals

*Complete one application per household. Please use a pen (not a pencil).*

# Return to:

**Greenville ISD**

 3923 Henry St, Greenville, TX., 75401

 www.greenvilleisd.com

*or* Apply Online:

STEP 1

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.*

## Child's First Name MI Child's Last Name

Definition of **Household Member**: “Anyone who is living with you and shares income and expenses, even if not related.”

Children in **Foster Care, Head Start,** and children who meet the definition of **Homeless**, **Migrant,** or **Runaway** are eligible for free meals. Read the directions for more information.

**Student**?

## Grade

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| Yes | No |
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Head Start

Check any that apply

Foster Child

Homeless, Migrant, Runaway

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Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

STEP 2

If **NO** Go to STEP 3 If **YES**

Write the Eligibility Determination Group (EDG, *n/a for FDPIR*) number here, then go to STEP 4 (do not complete STEP 3).

**EDG Number**

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP *2*)

1. **Last four digits of Social Security Number (SSN) of an Adult Household Member** XXX- XX-
2. **Income for Adult Household Members *(including yourself)***

# Check if no SSN

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 gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: 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. *If more spaces are needed, use the Additional Names section on the back.*

**Name of Adult Household Members Work Earnings Frequency**

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| W | E | T | M | A |
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(First & Last)

**Public Assistance/ Child Support/Alimony**

**Frequency**

**Pensions/Retirement/ Social Security/ SSI/ VA Benefits/All Other**

**Frequency**

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1. **Income for Children in the Household**

Sometimes children in the household earn or receive income. Please include the TOTAL

income received by all Child Household Members listed in STEP 1 here. *If applicable, include* $

*income from additional children listed on back. Income frequency conversion key provided on back.*

Total Child Income

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| W | E | T | M | A |
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| W | E | T | M | A |
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## Total Household Members

*(Children & Adults)*

STEP 4

Contact information and adult signature.

“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.”

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| Street address (if available) | Apt # |  | City |  | State |  | Zip code |  | Daytime phone and email (optional) |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Printed name of adult signing the form |  |  | Signature of adult |  |  |  | Today's date |  |  | June 12, 2023 |

## ADDITIONAL NAMES

List any additional **child** household members not listed in STEP 1.

Child's First Name MI Child's Last Name

Student?

|  |  |
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| Yes | No |
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Grade

Head Start

Foster Child

Homeless, Migrant, Runaway

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List any additional **adult** household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

Check any that apply

Name of Adult Household Members Work Earnings Frequency Public Assistance/

(First & Last) Child Support/Alimony

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Frequency

Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other

Frequency

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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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [*https://www.usda.gov/sites/default/files/documents/ad-3027.pdf*](https://www.usda.gov/sites/default/files/documents/ad-3027.pdf) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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| Free | Reduced | Denied |
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June 12, 2023

*Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.*

Date Received

Date Withdrawn

**Household Size**

**Total Income**

**Frequency**

**Reviewing/Determining Official's Signature**

**Date**

**Confirming Official's Signature**

**Date**

**Categorical Determination**

**Eligibility**

DO NOT COMPLETE. *This section for school use only.*