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

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

Return to: or Apply Online:

Sealy ISD 939 Tiger Lane, Sealy, TX 77474

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12

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If more spaces are needed,	use the Additional Name	es section on the back.				St	udent?		** 1	Homel	
Definition of <b>Household Member</b> :	Child's First Name	9	MI	Child's Last Name		Yes	No	Grade	Head Start	Foster Migra Child Runav	
"Anyone who is living with you and shares income and expenses, even									ΣŢ		
if not related."			Н						<u>a</u>		_
Children in Foster Care, Head			Н						Check any that apply		_
Start, and children who meet the definition of Homeless, Migrant,			Ш								_
or <b>Runaway</b> are eligible for free meals. Read the directions for			Ш					Ш	heck		
more information.									이		
STEP 2 Do any Household Me	embers (including v	you) currently particin	nate in	one or more of the foll	lowing assistance	nrogram	s: SNAP. TA	NF. or FD	PIR?		
				lity Determination Group	_		J. J. 111	IIII, 01 12			7
If <b>NO</b> Go to STEP 3	3 If <b>YES</b> —		_	then go to STEP 4 (do <u>no</u>		-	EDG Nu	mber			
STEP 3 Report Income for AL	L Household Meml	pers (Skip this step if y	you ans	swered 'YES' to STEP 2	2)						
A. Last four digits of Social Security	v Number (SSN) of a	n Adult Household Me	mher	XXX- XX-	Chan	k if no SSN	,				
B. Income for Adult Household Me			111001	VVV- VV-	Cnec	K II 110 551	·				
List all Household Members not listed in	STEP 1 (including your	self) even if they do not re	ceive inc	ome. For each Household N	Member listed, if they	do receive	income, repor	rt total gross	s income (befo	ore taxes) for	
each source in whole dollars (no cents) o '0'. If you enter '0' or leave any fields blan									come from ar	y source, write	
Name of Adult Household Members	Work Earnings	Frequency		Public Assistance/	Frequen		Pensions/F	Retirement/	Fre	equency	
(First & Last)		W E T M	A	Child Support/Alimony	W E T	M A	Social Secu VA Benefits		W E	T M A	Ā
	\$		4	\$			\$				
	<b>S</b>		9				\$				
	\$						<b>4</b>				_
	1		\$				\$				_
	\$		\$	\$ <u> </u>	]		\$				_
C. Income for Children in the House Sometimes children in the household ear		and in almost the TOTAL		Total Child Income	W E T	M A	D. Tota	l Househo	ld Member:	s	1
income received by all Child Household N			e \$	\$				(Chil	dren & Adults	)	
income from additional children listed on l							-				
STEP 4 Contact information a	and adult signature										
"I certify (promise) that all information	* *				9						
officials may verify (check) the information	tion. I am aware that if I	purposely give false infor	mation, 1	my children may lose meal	benefits, and I may b	oe prosecute	d under appli	cable State a	and Federal la	ws."	_
Street address (if available)	Apt #	City		State	Zip code	Dayt	ime phone a	ınd email (	optional)		
Printed name of adult signing the for	m	Signature of adult			Today's date			l		June 12, 20	23

ADDITIONAL NAMES		
List any additional <b>child</b> household members not listed in ST	EP 1.	Student? Homeless,
Child's First Name	MI Child's Last Name	Yes No Grade Start Child Runaway
		Tes No Grade & Start Clinic Kullaway
		ny th
		Check a
List any additional <b>adult</b> household members not listed in S'	EP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Mo	
Name of Adult Household Members Work Earning	Frequency Public Assistance/ Frequency	Pensions/Retirement/ Social Security/SSI/ Frequency
(First & Last)	W E T M A Child Support/Alimony W E T M	A VA Benefits/All Other W E T M A
\$		\$
\$	\$	\$
\$	\$	\$
reduced price meals. You must include the last four digits required when you apply on behalf of a foster child or you Program on Indian Reservations (FDPIR) case number or security number. We will use your information to determ	ires the information on this application. You do not have to give the information, but if of the social security number of the adult household member who signs the application ist a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Jother FDPIR identifier for your child or when you indicate that the adult household movine if your child is eligible for free or reduced price meals, and for administration and each nutrition programs to help them evaluate, fund, or determine benefits for their program rules.	on. The last four digits of the social security number is not Needy Families (TANF) Program or Food Distribution ember signing the application does not have a social enforcement of the lunch and breakfast programs. We MAY
In accordance with fodoral civil rights law and H.C. Donar	ment of Agriculture (USDA) civil rights regulations and policies, this institution is prob	nihitad from discriminating on the basis of race, color

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.

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: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a> 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.

DO NOT COMPLETE. This section for school use only.							
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  W E T M A	Reviewing/Determining Official's Signat	ture Date					
Categorical Determination Eligibility Free Reduced Denied	Confirming Official's Signature	Date					