2022 – 2023 Pasadena Independent School District
Standard Multi-Child Application for Free and Reduced-Price School Meals

Complete ONE APPLICATION per household. Please use a pen (not a pencil).

Apply online at http://pasadena.schoollunchapp.com

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 an additional application.)

List each child's name

Check all that apply — Foster, Head Start, Homeless, Migrant, Runaway

Frequency (Mark One) — Weekly, Bi-Weekly, 2x Monthly, Monthly, Annually

First Name	MI	Last Name	Date of Birth (Optional) MM DD YY	School Name (Optional)	Student attends school district?	Grade	Student ID Number (Optional)	Foster	Head Start	Homeless	Migrant	Runaway	Student Income	Weekly	Bi-Weekly	2x Monthly	Monthly	Annually
					Yes No								$	○	○	○	○	○
					Yes No								$	○	○	○	○	○
					Yes No								$	○	○	○	○	○
					Yes No								$	○	○	○	○	○
					Yes No								$	○	○	○	○	○
					Yes No								$	○	○	○	○	○

B. Participation in a Categorical Program

● **If every child** listed in Step 1 is a participant in any one of the following programs – <u>Foster, Head Start, Homeless, Migrant or Runaway</u>, **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** Step 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 ☐ and **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 X X X - X X - [＿＿＿＿]   Check if no SSN ☐

B. Income for Adult Household Members (Include yourself, But Not Children. If more spaces are needed, use an additional application)

<u>List</u> all Household Members <u>not</u> 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. <u>Indicate</u> the frequency of income: Weekly, Every 2 Weeks, Twice per Month, Monthly, 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 1A.)	Work Earnings (Enter Amount)	Frequency: Weekly / Bi-Weekly / 2x Monthly / Monthly / Annually	Public Assistance, Child Support/ Alimony (Enter Amount)	Frequency: Weekly / Bi-Weekly / 2x Monthly / Monthly / Annually	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency: Weekly / Bi-Weekly / 2x Monthly / Monthly / Annually	All Other (Enter Amount)	Frequency: Weekly / Bi-Weekly / 2x Monthly / Monthly / Annually
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○

C. Total Household Members (Count all children & adults living in the household) [＿＿]

Step 3 — Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to Nutrition Services, 1515 Cherrybrook, Pasadena, TX 77502 or by fax 713-740-4018 or by email to nutritionservices@pasadenaisd.org 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 Code	Daytime Phone (optional)

Email (Optional)	Print First Name of Adult Household Member Signing the Form	Print Last Name of Adult Household Member Signing the Form	Signature of Adult Household Member Signing the Form: X	Today's Date M M D D Y Y