

**SAN ANGELO INDEPENDENT SCHOOL DISTRICT 2020-2021 Standard (Multi-Child) Application for Free and Reduced-Price School Meals**  
**COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A BLACK or BLUE PEN (not a pencil). Apply online at: [www.schoolcafe.com](http://www.schoolcafe.com)**

This Box For School Use Only.  
**App#**  
**Status**

**STEP 1**

**List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are needed, use additional names section on the back.)**

Definition of Household Member: "Anyone who is living with you, and share income and expenses, even if not related."

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

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 skip Step 3, complete Step 4.

List Each Child's Name.

Legal First Name	MI	Legal Last Name	M	M	D	D	Y	Y	Grade	Student ID #	SAISD Student?		Foster Child	Headstart	Homeless Migrant Runaway
											Yes	No			
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2**

**Participation in a Categorical Program. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR? Check the appropriate box below.**

SNAP  TANF  FDPIR  If you DID NOT check one of the boxes to the left, complete Step 3. If you checked the SNAP/TANF box to the left, write the Eligibility Determination Group (EDG) number here then go to Step 4. (DO NOT complete SECTION 3) EDG Number:

**STEP 3**

**Report Income for ALL Household Members (Skip this step if you checked one of the boxes in Step 2)**

**A. Income for Children in the Household** (Do not include adult income. Do report any type of regular income for children in the household.) Please record the TOTAL income by frequency for each child who receives regular income listed in Step 1.

Child Income	Fill in Circle for Frequency of the child's income (How Often?)
1. _____ \$ <input type="text"/>	<input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual   <input type="radio"/> Weekly   <input type="radio"/> Twice a Month
2. _____ \$ <input type="text"/>	<input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual   <input type="radio"/> Weekly   <input type="radio"/> Twice a Month

**B. Income for Adult Household Members (including yourself, but Not Children. If more spaces are needed, add on back of application.)** List all Household Members not listed in Step 1 (including yourself) even if they did 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 ONLY - Indicate frequency of income. If they DO NOT receive income from any source, enter '0' in the appropriate field. If you enter '0' or leave blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last) <small>Do not include the income of children in this section. The income of children goes in 3A.</small>	Earnings from Work \$ <input type="text"/>	Fill in Circle How Often? <input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month	Public Assistance, Child Support, Alimony \$ <input type="text"/>	Fill in Circle How Often? <input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month	Pensions/Retirement/Social Security/SSI/All Other Income \$ <input type="text"/>	Fill in Circle How Often? <input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month
	\$ <input type="text"/>	<input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month	\$ <input type="text"/>	<input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month	\$ <input type="text"/>	<input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month
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	\$ <input type="text"/>	<input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month	\$ <input type="text"/>	<input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month	\$ <input type="text"/>	<input type="radio"/> Monthly   <input type="radio"/> Every Other Wk   <input type="radio"/> Annual <input type="radio"/> Weekly   <input type="radio"/> Twice A Month

Please read the directions for more information on completing the following questions and on signing this form.

**C. WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE** (Count all children & adults living in the household)  **D. Last Four Digits of Social Security Number (SSN) of an Adult Household Member** \*\*\*-\*\*- Check if no SSN

**STEP 4**

**Provide Contact Information and Adult Signature** Return completed form to child's school, Mail to: 305 Baker St, San Angelo, Texas, 76903 or Fax (325) 658-4353, [Kelly.Graf@saisd.org](mailto:Kelly.Graf@saisd.org)

"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."

Address  City  Zip  Daytime Phone

**PRINT HERE**  **SIGN HERE**  Today's Date  Email Address (optional)

Printed Name of Adult Household Member Signing the form

Signature of Adult Household Member Signing the Form

Today's Date

Email Address (optional)

