## 2019 - 2020 Multi-Child Application for Free and Reduced Price Meals

SSN or Student ID (optional)	Last Name	Firet	Name MI	MI Date of Birth (option		Fosfer	Homeless Migrant	Migrant	
CON OF CHARGIN ID (Optional)		11100		Date of B	in (optional)	-	4		
	<u> </u>								
					<u> </u>				
ΓΕΡ 2 — Assistance Progra	ms								
any household members (including you)	currently participate in one of	or more of the following	ng assistance	ibility					
you answered NO > Complete STEP 3. I		te an Eligibility Deteri	Detern	nination Number:					
oup Number (EDG) then skip to STEP 4.	mbar Crasa Incom	• (Older Hele edges if	19/	OTED 0)	DO NOT add	I a Case N	umber		
TEP 3 — All Household Mer		`	•	,	I income for ea	ach source	in who	ole dolla	
lly. If they do not receive income from a	any source, write '0'. If you	write '0' or leave any	y fields blank, you are cei	tifying (promising)	that there is no	income to	report	t.	
ousehold Member Name ast and First)	Gross income and h	Ow often it is rec	eived: W = Weekly, E		•			,	
clude Students from STEP 1	Work Earnings	W E T M	Public Assistance / Child Support / Alimony	W E T M	Pensions / Soci SSI / All Othe			ow Often?	
		WETM		WETM			W	ЕТ	
		WETM		WETM				ET	
		WETM		WETM			W	ET	
		WETM		WETM			W	ET	
		WETM		WETM			W	ЕТ	
		WETM		WETM			W	ЕТ	
		WETM		WETM			W	ЕТ	
Total number of Household Members	Last Four Digits of Soci		r (SSN) of	k - ** -		Check	if no (	еем 🗀	
from STEP 3	Adult Completing Form			` ""		Officer			
TEP 4 — Contact Information									
ertify (promise) that all information on this applicials may verify (check) the information. I am a									
Printed name of adult completing the form			Signature of adult completing the form				Today's Date		
		X					MMDDYY		
Street Address (if available)		City	City			ZIP Code			
					TX				
ome Phone Number	Work Phone Number		Email						