Benjamin ISD, 2022-2023 Standard (Multi-Child) Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).

This Box for School Use Only. Date Withdrawn:

<form> At LLT Unceshed Members Who Are Infants, Children, and Students up to and Induding Grade 12. In more spaces are needed, use the Additional Names extrem on the lock. At LLT Unceshed Members Who Are Infants, Children, and Students up to and Induding Grade 12. In more spaces are needed, use the Additional Names extrem on the more infants of the I</form>	A T	Definition of Household Member: <i>anyone who is living with you and shares income and expenses, even if not related</i> . 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.											
Darked District Structure Structure Creekt all that apply. First Name M Last Name Vis No Grade Number For Name/and Name/a	A. Lis	st ALL Household Members	Who Are Infants, Children,	and Students up to	and Including Grade 12	2. If more spaces ar	e needeo	l, use the Additi	ional Names se	ection on the	e back.		
Priorit Name Mill Last Name Vis No Grade Number Paster Head Start	List ea	List each child's name.							Che	eck all that app	bly.		
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4. Image: Control of a Categorical Program • If Prevery child listed in Sep 1 is a participant any one of the following programs—Easter, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3. • SNAP, TANP, 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/TANP > Write the following questions. Report Income for ALL Household Members (Sigh this step I/yeu entered an RDG mumber or checked the box to indicate participation in FDPIR in Step 1). A. Last Four Digits of Social Security Number (SMS) of an Adult Household Members (Include Yourself), But NO Children, II. more spaces are needed, use the Additional Names section on the back.) List of the Indicate the frequency of isome W-Weekly, E-Berry 2 Weeks, T-Twice per Mouth, M- Monthly, A- Annualy. If they do not receive income for each source in the sing of the dot on tree of the sing on tree information (Cloud Cog) Value Tree/for Instance W-E-T-M-A V-E-T-M-A V-E-T-	2.												
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• 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 complete Step 3. • SRAP, TANF, or PDPTR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPTR? • If Yes to FDPTR, check this box _ skip Step 2, and complete Step 3. Step 2: Please read the directions for more information for the following questions. Step 2: Please read the directions for more information for the following questions. Step 2: Please read the directions for more information for the following questions. Step 3: Direction for ALL Household Members (SNAP) famPs is see 1/0 unable or checked the box to indicate participation in FDPTR in Step 1). A Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX	4.												
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Step 3: Please read the directions for more information on signing this form. Provide Contact Information and Adult Signature. Return this application to P.O. Box 166 Benjamin, TX 79505 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.	C. <u>Inc</u> Rec	Adult's First/Last Name (Do not include the income of children in 2C.) 1. 2. 3. ome for Children in the Hous word total income by frequency for 1.	there is no income to report. en in goes (Enter Amount) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Frequency (Circle One) $W-E-T-M-A$ $W-E-T-M-A$ $W-E-T-M-A$ ncome. Do report an ar income listed in Step	Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income p 1.	Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	Pensi Securi Se (E \$ \$ \$ \$ nousehol \$ wee \$	ons/Retirement/ Social ty/Supplemental curity Income nter Amount) d. If more space kly Every 2 V \$	Frequency (Circle One W-E-T-M- W-E-T-M- W-E-T-M- s are needed, u Veeks Twice \$	A \$ A \$ A \$ See the Addit	All Other Enter Amount) ional Names Monthly \$	Fr (Ci W-E- W-E- W-E- S section on \$	equency rcle One) T-M-A T-M-A T-M-A the back.)
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Street Address/Apt #CityStateZipDaytime Phone and Email (Optional)	C. <u>Inc</u> Rec D. <u>Tot</u>	Adult's First/Last Name (Do not include the income of children in 2C.) 1. 2. 3. ome for Children in the House ord total income by frequency for 1. 2. 3. al Household Members (Correlation of the direction) Please read the direction	there is no income to report. en in goes (Enter Amount) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Frequency (Circle One) $W-E-T-M-A$ $W-E-T-M-A$ $W-E-T-M-A$ ncome. Do report an ar income listed in Stereng in the household)signing this form.	Public Assistance/ Child Support/Alimony (Enter Amount) \$ \$ \$ y type of regular income p 1.	Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A for children in the h	Pensi Securi Se (E \$ \$ \$ nousehol \$ \$ \$ \$	bons/Retirement/ Social ty/Supplemental curity Income nter Amount) d. If more space kly Every 2 V \$ \$	Frequency (Circle One W-E-T-M- W-E-T-M- W-E-T-M- s are needed, u Veeks Twice \$ \$	A \$ A \$ A \$ See the Addit	All Other Enter Amount) ional Names Monthly \$ \$	Fr (Ci W-E- W-E- W-E- s section on \$ \$	equency rcle One) T-M-A T-M-A T-M-A the back.)
	C. Inc Rec D.Tot Step 3: Provic I certi	Adult's First/Last Name (Do not include the income of children this section. The income of children in 2C.) 1. 2. 3. ome for Children in the House ord total income by frequency for 1. 2. 3. (Complease read the direction le Contact Information and Adultify (promise) that all information (Complease the contact of the conta	there is no income to report. en in goes Work Earnings (Enter Amount) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Frequency (Circle One) $W-E-T-M-A$ $W-E-T-M-A$ $W-E-T-M-A$ income. Do report an ar income listed in Step ng in the household) signing this form. ation to P.O. Box 166 I e and that all income	Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income p 1. Benjamin, TX 79505 or ret is reported. I understand	Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A for children in the h	Pensi Securi Se (E \$ \$ \$ nousehol \$ \$ \$ \$ hool. ion is giv	bons/Retirement/ Social ty/Supplemental curity Income nter Amount) d. If more space kly Every 2 V \$ \$ \$ \$ en in connection	Frequency (Circle One W-E-T-M- W-E-T-M- s are needed, u Veeks Twice \$ \$ \$) (F A \$ A \$ See the Addit per Month	All Other Enter Amount) ional Names Monthly \$ \$ \$ funds, and ti	Fr (Ci W-E- W-E- W-E- Section on \$ \$ \$ \$	equency rcle One) T-M-A T-M-A T-M-A the back.)
Printed Name of Adult Household Member Signing the Form Signature of Adult Household Member Signing the Form Today's Date	C. Inc Rec D. Tot Step 3: Provic I certi verify	Adult's First/Last Name Do not include the income of children this section. The income of children n 2C.) 1. 2. 3. ome for Children in the House ord total income by frequency for 1. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 2. 3. 3. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	there is no income to report. en in goes Work Earnings (Enter Amount) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Frequency (Circle One) $W-E-T-M-A$ $W-E-T-M-A$ $W-E-T-M-A$ ncome. Do report an ar income listed in Step ang in the household) signing this form. ation to P.O. Box 166 I e and that all income e false information, re	Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income p 1. Benjamin, TX 79505 or ret is reported. I understand ny children may lose med	Frequency (Circle One) W-E-T-M-A W-E-T-M-A for children in the for children in the for that this information of that this information of the f	Pensi Securi Se (E \$ \$ \$ nousehol \$ \$ \$ \$ hool. ion is giv	ons/Retirement/ Social ty/Supplemental curity Income nter Amount) d. If more space kly Every 2 V \$ \$ \$ \$ en in connection secuted under ap	Frequency (Circle One W-E-T-M- W-E-T-M- s are needed, u Veeks Twice \$ \$ \$ \$ \$ \$ \$) (F A \$ A \$ See the Addit per Month t of Federal and Federal	All Other Enter Amount) ional Names Monthly \$ \$ \$ funds, and ti	Fr (Ci W-E- W-E- W-E- Section on \$ \$ \$ \$	equency rcle One) T-M-A T-M-A T-M-A the back.)

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.			Student Attends School in District?			Optional: Student ID	Check all that apply.				
First Name	MI	Last Name	Yes	No	Grade	Number	Foster	Head Start	Homeless	Migrant	Runaway
5.											
6.											
7.											
8.											
9.											
ton 0. Additional Manage	-				-	-		-			

Step 2: Additional Names

B. <u>Income for Adult</u> Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Re	ecord total income by frequency for each child who receives regular income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
	4.	\$	\$	\$	\$	\$
	5.	\$	\$	\$	\$	\$
	6.	\$	\$	\$	\$	\$

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.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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 Fill Out This Part. This Is For School Use Only.							
	al amounts and combined to determine household income. Do not convert if only one income frequency is	Date Received:					
provided by the household. If converting income to annual, round only the final	number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12	Categorical Determination:					
Household Size: Total Income: Weekly	Every 2 Weeks Twice a Month Monthly Annually	Eligibility: Free Reduced Denied					
Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date						