2021 – 2022 Pasadena Independent School District

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

Standar	d Multi-Child Application for Free and Reduced-Price School Meals	Apply online at http://pasadena.schoollunchapp.com
Stop 1	Definition of Household Member: anyone who is living with you and shares income and expenses, even if r	not related. Children in Foster care; children who meet the definition of

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Homeless, Migrant or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information Frequency (Mark One) 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.) Check all that apply 2x Monthly List each child's name Start Bi-Weekly Student Homeles Monthly Migrant attends Head Date of Birth (Optional) Student ID Number School Name Student school First Name **Last Name** Grade DD (Optional) district? (Optional) B. Participation in a Categorical Program • If every child listed in Step 1 is a participant in any one of the following programs – Foster, Head Start, Homeless, Migrant or Runaway, 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 Eliqibility 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). Check if A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member XXX - XX no SSN B. Income for Adult Household Members (Include yourself, But Not Children. If more spaces are needed, use an additional application) List all Household Members not 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. Indicate 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. Pensions/Retirement/ Adult's First/Last Name Frequency (fill in one circle) Social Security/ Public Assistance, (Do not include the income of Child Support/ Supplemental Work Earnings All Other children in this section. The income Alimony Security Income Monthly Annually Monthly Annually (Enter Amount) (Enter Amount) Weekly Monthly Weekly Monthly Weekly Monthly Weekly Monthly (Enter Amount) of children goes in 1A.) (Enter Amount) 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. 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. Zip Code Daytime Phone (optional) Street Address/Apt # City State Χ Signature of Adult Household Member Print First Name of Adult Household Print Last Name of Adult Household Email (Optional) Today's Date

Member Signing the Form

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