Apply online at https://www.schoolcafe.com

STEP 1 — All Children in the	Household						rosier	Homeless	Migrant Runawa.	Head Star
Student ID (optional)	Last Name First Name			MI Grade (Optional)			al) 40°	40,00	Paris de la company de la comp	Head
										1 [
										. –
Note: Students enrolled in schools participating in the egardless of the completion or eligibility determinates	the Community Eligibility Provision of this application.	n (CEP) will receive no o	cost meals							
STEP 2 — Assistance Progra		60 60	. ,							
Oo any household members (including you) orograms: SNAP, TANF, or FDPIR? Circle	one: Yes / No		ng assistance	EDG Nu	mber:					
f you answered NO > Complete STEP 3. Determination Group (EDG) number then sk		rite an Eligibility								
STEP 3 — All Household Mer	, ,	. ,		,						
Please read How To Apply for Free a ne Child Income question. The "Source							section	will he	ip you w	/ith
A. Total Household Size (Children and Adults)	B. Last Four Digits of So Primary Wage Earner or			***	- **-		Cł	neck if	no SSN	I 🔲
C. List all household members not listed in	Step 1 (including yourself) e	ven if they do not r	eceive income.	For each h	ousehold member	r listed, report	t total inco	ome for	each so	urce
n whole dollars only. If they do not receive Adult Household Member Name	income from any source, wr	ite '0'. If you write '0 How Often?)' or leave any fie Public Assis		you are certifying (How Often?	promising) th			come to r	
First and Last)	Earnings from Work	WETM	Child Support		WETM		er Income		WE	T
		WETM			WETM				WE	T
		WETM			WETM				WE	Т
		WETM			WETM				WE	T
		WETM			WETM				WE	T
Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly						Chile	d Income		How Of W E	T N
 Sometimes children in the household ear step 1 here. Please refer to the Child Incom 				ousehold r	nembers listed in				WE	T
STEP 4 — Contact Information	on and Adult Signat	ure								
'I certify (promise) that all information on this app officials may verify (check) the information. I am a	lication is true and that all incom	e is reported. I unders e information, my child	stand that this inform dren may lose mea	mation is giv Il benefits, a	en in connection with nd I may be prosecu	n the receipt of ted under appli	Federal fu	ınds, and e and Fe	that school	ool s."
Printed name of adult completing the form		Signature of a	Signature of adult completing the form				Today's Date			
		X					M	/I D	DY	Υ
Street Address (if available)		City				State	ZIP C	ode		
						TX				
Home Phone Number	Work Phone Number		Email							
ODTIONAL Children's Des	iol and Ethnia Idam	tition								
OPTIONAL — Children's Rac										
Ethnicity (check one): Hispanic or Latino	Race (check one or American Indian	more): or Alaskan Native	e Black	or Africa	n American					
Not Hispanic or Latino		tive Hawaiian or (White			428	1	