

DIOCESE OF SHREVEPORT 2021-2022 Application for Free and Reduced Price School Meals

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A BLACK PEN (not a pencil).

1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Legal First Name	MI	Legal Last Name	Birthdate			Grade	School Code (See Back)	Is Student?		Foster Child	Homeless, Migrant, Runaway
			M	M	D			D	Y		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Check all that apply

2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDIPIR? Check the appropriate box below.

SNAP TANF FDIPIR If you DID NOT check one of the boxes to the left, complete SECTION 3. If you checked one of the boxes to the left, write a case number here then go to section 4. (DO NOT complete SECTION 3) Case Number:

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

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members in Section 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in Section 1 (including yourself) even if they did not receive income. For each Household Member listed, if they receive income, report total income for each source in whole dollars ONLY. 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)	Each Check Earnings from Work \$ <input type="text"/>	Fill in Circle How Often ?		Public Assistance /Child Support/Alimony \$ <input type="text"/>	Fill in Circle How Often ?		Pay from Pensions/Retirement/All Other Income \$ <input type="text"/>	Fill in Circle How Often ?	
		<input type="radio"/> Monthly Every Other Wk	<input type="radio"/> Weekly Twice A Month		<input type="radio"/> Monthly Every Other Wk	<input type="radio"/> Weekly Twice A Month		<input type="radio"/> Monthly Every Other Wk	<input type="radio"/> Weekly Twice A Month
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
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Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE → Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member * * * - * * * - Check if no SSN

4 Contact Information and Adult Signature

"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 Printed Name of adult completing the form SIGN HERE Signature of adult completing the form Today's Date Email Address

Children's ethnic/race identities (optional): Choose one Ethnicity: HISPANIC/LATINO NOT HISPANIC/LATINO Choose one or more (regardless of Ethnicity): WHITE ASIAN BLACK or AFRICAN AMERICAN AMERICAN INDIAN or ALASKAN NATIVE NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

Return to the School Cafeteria Manager or mail to the Child Nutrition Program: 3500 Fairfield Ave, Shreveport, LA 71104