

# Conroe Independent School District • Campus

**2016-2017 Application for Free and Reduced Price School Meals**  
**Use black ink. Print neatly. Complete one application per household.**

**Return to the school cafeteria manager or mail to the Conroe ISD Child Nutrition Department**  
**3205 West Davis • Conroe, TX 77302-2098**

**List ALL household members who are infants, children, and students up to and including grade 12 (If more space is required for additional names, attach another sheet of paper).**

Student ID Number	Legal first name	MI	Legal last name	MM	DD	YY	Grade	School Code	Is Student? Yes No	Homeless, Foster, migrant, Child runaway

Check all that apply

**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.**

**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, write EDG number here then go to SECTION 4. (Do Not complete SECTION 3.)

EDG number: \_\_\_\_\_

**Report income for ALL Household Members (skip this step if you entered an EDG# in SECTION 2)**

A. Child income Sometimes children in the household earn income. Please indicate 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, check the "no income" box. If you check the "no income" box, you are certifying (promising) that there is no income to report.

W = Weekly E = Every two weeks T = Twice per month M = Monthly A = Annually

Name of Adult Household Member (first and last)	No Income	Earnings from work	Public Assistance Child Support/Alimony	Pay from pensions/retirement/ all other income

**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 questions. 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 adult household member signing form**

Check here if no SSN

**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."

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Daytime phone \_\_\_\_\_

Email address \_\_\_\_\_

Printed name of adult completing this form **✗ Sign here**

Today's date

**Do not fill out this part. For school use only.**

Received \_\_\_\_\_

Reviewing official's signature \_\_\_\_\_

Date \_\_\_\_\_

Confirming official's signature \_\_\_\_\_

Date \_\_\_\_\_

Follow-up official's signature \_\_\_\_\_

Date \_\_\_\_\_