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Killeen Independent School District
APPLICATION FOR FREE and REDUCED-PRICE MEALS
School Year 2022-2023

PRINT NEATLY

USE BLUE OR BLACK INK

1 Student Information (Información Estudiantil) List all children in school in the household

Table with columns: Print the name of EACH STUDENT attending Killeen ISD, Date of Birth, Grade, School ID, "X" if foster child, Household Income, Check for income, Student ID (for SCHOOL USE ONLY).

2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? ¿Algún miembro de la familia (incluyéndose usted) participa actualmente en uno o más de los siguientes programas de ayuda: SNAP, TANF o FDIPIR?

If you answered No > Go to Step 3. If you answered Yes > Write the full EDG number here. Skip income portion and continue to Step 4.

Si usted contestó No > Vaya a la Paso 3. Si usted contestó Sí > Escribir el número de EDG completo aquí. Continuar a la Paso 4.

3 Household Members and Gross Income From Last Month (For each person who receives income, write the amount received and how often it is received. If no income, mark an "X" in the zero income box. (Miembros de la familia e ingresos brutos del mes pasado (Por cada persona que recibe ingresos, escriba la cantidad que recibe y cada cuando la recibe. Si la persona no tiene ningún ingreso, marque el cuadro para ingresos de cero.)

Table for household members with columns: A. Name (Nombre), B. Check if NO Income, C. Income (Ingresos), and various income sources like Earnings from Work, Public Assistance, etc.

4 (Optional) Sharing Information with Other Programs (Permiso para Compartir Información con Otros Programas)

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application.

5 Signature and Social Security Number (Adult must sign). (Firma y Número de Seguro Social (Un adulto debe firmar).

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

Signature and Social Security Number section with fields for Signature, Printed Guardian Name, Social Security Number, Date, Total Household Size, Address, Apt #, Home Phone, City, State, Zip Code, and Email Address.

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

<small>Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number-Annual Income</small>		<small>Date Received:</small>			
<small>Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12</small>					
Household Size:	Total Income:	Per:	Week	Every 2 Weeks	Twice a Month
					Monthly
Reviewing/Determining Official's Signature:		Date:			Annually
Confirming Official's Signature:		Date:			Eligibility: Free Reduced Denied
					Categorical Eligibility

Tape Here



Place
Stamp
Here

Killeen Independent School District
 School Nutrition Office
 5708 E. Veterans Memorial Blvd.
 Killeen, TX 76543

Fold Here First

This application may be returned to any school where you have a child attending or it may be mailed to the School Nutrition Office by folding on the lines indicated, placing a stamp on the front, and taping where indicated.