	, 2021-2022 Standard (cation per household. Plea							is Box for Scho te Withdrawn			
Step 1: Definition of Household M Migrant, or Runaway or w	Iember: <i>anyone who is l</i>	iving with you and .	shares income and exp	enses, even if not	related. Ch	ildren in Fo rmation.	ster care; ch	ildren who	meet the de	finition of I	Homeless,
A. List ALL Household Members V							onal Names s	section on th	e back.		
List each child's name.	, ,	· · ·	Student Attend Distri	ls School in		Optional: Student ID			eck all that ap	ply.	
First Name M	/I Last Name		Yes	No	Grade	Number	Foster	Head Start	Homeless	Migrant	Runaway
1.											
2.											
3.											
4.											
B. Participation in a Categorical Pro	ogram										
If every child listed in Step 1	-	of the following prog	rams—Foster, Head Sta	rt, Homeless, Mig	rant, or Rui	away, skip S	tep 2 and co i	mplete Step	3.		
• SNAP, TANF, or FDPIR: Do a						<u>r</u>	1	1 1			
If No, complete Steps 2 and				· · · · · · · · · · · · · · · · · · ·				, skip St	ep 2, and co	mplete Step	3.
If Yes to FDPIR, check this	box □ , skip Step 2, and c	omplete Step 3.			-				•	•	
Step 2: Please read the directions	for more information for	the following ques	tions.								
Report Income for ALL Household Mer	nbers (Skip this step if you en	ntered an EDG number	or checked the box to indic	ate participation in I	FDPIR in Ste	p 1).					
A. Last Four Digits of Social Securit	y Number (SSN) of an Ad	lult Household Mem	ber: XXX-XX		Check	f no SSN					
B. Income for Adult Household Men	here (Include Vourself, Bu										
	IDCID (Include Toursen, Du	it Not Children. If mo	ore spaces are needed, u	se the Additional N	Names secti	on on the bac	k.)				
List all Household Members not liste	ed in STEP 1 (including yours	self) even if they do not	receive income. For each H	Iousehold Member l	isted, if they	do receive inco	me, report tota	al income (wit	hout deductio	ons) for each :	source in
List all Household Members <u>not</u> liste whole dollars only. Indicate the frequ	ed in STEP 1 (including yours uency of income: W=Weekly,	self) even if they do not	receive income. For each H	Iousehold Member l	isted, if they	do receive inco	me, report tota	al income (wit ce, write '0.' I	hout deductio f you enter '0'	ons) for each or leave any	source in fields blank,
List all Household Members not liste	ed in STEP 1 (including yours uency of income: W=Weekly,	self) even if they do not	receive income. For each H	Iousehold Member l	listed, if they they do not r Pensions ,	do receive inco eceive income Retirement/	me, report tota	al income (wit ce, write '0.' I	hout deductic f you enter '0'	ons) for each any and any a	source in fields blank,
<u>List</u> all Household Members not liste whole dollars only. <u>Indicate</u> the frequ you are certifying (promising) that th Adult's First/Last Name (Do not include the income of children this section. The income of children go	ed in <u>STEP 1</u> (including yours lency of income: W=Weekly, lere is no income to report.	self) even if they do not E=Every 2 Weeks, T= Frequency	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony	Household Member l thly, A=Annually. If Frequency	isted, if they they do not r Pensions, S Security/S Security/S	do receive inco eceive income Retirement/ ocial Supplemental y Income	me, report tota from any sour Frequenc	rce, write '0.' I y	f you enter 'O' All Other	or leave any F	fields blank, requency
<u>List</u> all Household Members <u>not liste</u> whole dollars only. <u>Indicate</u> the frequ you are certifying (promising) that th <u>Adult's First/Last Name</u> (Do not include the income of children	ed in <u>STEP 1</u> (including yours iency of income: W=Weekly, iere is no income to report. in es Work Earnings (Enter Amount)	self) even if they do not E=Every 2 Weeks, T=	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child	Household Member l thly, A=Annually. If	isted, if they they do not r Pensions, S Security/S Security/S	do receive inco eceive income (Retirement/ pocial Supplemental	me, report tota from any sour	rce, write '0.' I y e) (.	f you enter 'O'	or leave any F (C	fields blank,
<u>List</u> all Household Members <u>not liste</u> whole dollars only. <u>Indicate</u> the frequ you are certifying (promising) that th <u>Adult's First/Last Name</u> (Do not include the income of children this section. The income of children go in 2C.)	ed in <u>STEP 1</u> (including yours lency of income: W=Weekly, lere is no income to report.	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One)	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount)	Household Member l thly, A=Annually. If Frequency (Circle One)	isted, if they they do not i Pensions, S Security/S Securi (Enter	do receive inco eceive income Retirement/ ocial Supplemental y Income	me, report tota from any sour Frequenc (Circle On	y e) (-A \$	f you enter 'O' All Other	or leave any F (C W-E-	fields blank, requency ircle One)
<u>List</u> all Household Members <u>not liste</u> whole dollars only. <u>Indicate</u> the frequ you are certifying (promising) that th <u>Adult's First/Last Name</u> (Do not include the income of children this section. The income of children go in 2C.) 1.	ad in <u>STEP 1</u> (including yours iency of income: W=Weekly, iere is no income to report. Work Earnings (Enter Amount)	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$	Household Member l thly, A=Annually. If Frequency (Circle One) W-E-T-M-A	isted, if they they do not n Pensions, Security/ Securi (Enter \$	do receive inco eceive income Retirement/ ocial Supplemental y Income	Frequence (Circle On W-E-T-M	y e) ((-A \$ -A \$	f you enter 'O' All Other	r leave any F (C W-E W-E	fields blank, requency ircle One) -T-M-A
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the Adult's First/Last Name (Do not include the income of children this section. The income of children go in 2C.) 1. 2.	ad in STEP 1 (including yours iency of income: W=Weekly, here is no income to report. Work Earnings (Enter Amount) \$ \$ \$	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	iisted, if they do not n Pensions, Security/: Security/: (Enter \$ \$ \$ \$ \$	do receive inco eceive income (Retirement/ ocial Supplemental y Income Amount)	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M	y e.) ((A \$ A \$ A \$	f you enter '0' All Other Enter Amount)	or leave any F (C W-E W-E W-E W-E	requency ircle One) -T-M-A -T-M-A -T-M-A
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the Adult's First/Last Name (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3.	ad in STEP 1 (including yours nency of income: W=Weekly, here is no income to report.	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an	receive income. For each I Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	iisted, if they do not n Pensions, Security/: Security/: (Enter \$ \$ \$ \$ \$	do receive inco eceive income (Retirement/ ocial Supplemental y Income Amount)	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed,	y e.) ((A \$ A \$ A \$	f you enter '0' All Other Enter Amount)	r leave any (C W-E- W-E- W-E- s section on	requency ircle One) -T-M-A -T-M-A -T-M-A
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the Adult's First/Last Name (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3. C. Income for Children in the House	ad in STEP 1 (including yours nency of income: W=Weekly, here is no income to report.	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an	receive income. For each I Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	isted, if they they do not not Pensions , Security/Securi (Enter \$ \$ \$ nousehold. I	do receive inco eceive income /Retirement/ ocial Supplemental y Income Amount) f more spaces	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed,	y e) -A \$ -A \$ -A \$ use the Addi	f you enter '0' All Other Enter Amount) tional Name	r leave any (C W-E- W-E- W-E- s section on	requency ircle One) -T-M-A -T-M-A -T-M-A the back.)
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the Adult's First/Last Name (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3. C. Income for Children in the House	ad in STEP 1 (including yours nency of income: W=Weekly, here is no income to report.	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an	receive income. For each I Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	isted, if they do not not not not not not not not not no	do receive inco eceive income (Retirement/ ocial supplemental y Income Amount) f more spaces Every 2 W	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M W-E-T-M are needed, Yeeks Twi	y e) -A \$ -A \$ -A \$ use the Addi	f you enter '0' All Other Enter Amount) tional Name Monthly	r leave any F (C W-E- W-E- W-E- W-E- W-E- W-E- W-E- W-E	requency ircle One) -T-M-A -T-M-A -T-M-A the back.)
List all Household Members not liste whole dollars only. Indicate the freque you are certifying (promising) that the (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3. C. Income for Children in the Housel Record total income by frequency for 1. 2. 3. 3.	ad in STEP 1 (including yours inency of income: W=Weekly, here is no income to report. Work Earnings (Enter Amount) \$ \$ hold (Do not include adult each child who receives regul	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an lar income listed in Step	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income p 1.	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	isted, if they do not not not not not not not not not no	do receive inco eceive income (Retirement/ ocial supplemental y Income Amount) f more spaces Every 2 W \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, Yeeks Twi	y e) -A \$ -A \$ -A \$ use the Addi	f you enter '0' All Other Enter Amount) tional Name Monthly \$	r leave any F (C W-E- W-E- W-E- S section on y \$	requency ircle One) -T-M-A -T-M-A -T-M-A the back.)
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3. C. Income for Children in the Housel Record total income by frequency for 1. 2.	ad in STEP 1 (including yours inency of income: W=Weekly, here is no income to report. Work Earnings (Enter Amount) \$ \$ hold (Do not include adult each child who receives regul	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an lar income listed in Step	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income p 1.	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	iisted, if they do not not not not not not not not not no	do receive inco eceive income Retirement/ ocial Supplemental y Income Amount) f more spaces Every 2 W \$ \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, feeks Twice \$ \$	y e) -A \$ -A \$ -A \$ use the Addi	f you enter '0' All Other Enter Amount) tional Name Monthly \$ \$	r leave any F (C W-E- W-E- W-E- S section on y \$	requency ircle One) -T-M-A -T-M-A -T-M-A the back.)
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3. C. Income for Children in the Housel Record total income by frequency for 1. 2. 3. 3.	ad in STEP 1 (including yours iency of income: W=Weekly, iere is no income to report. Work Earnings (Enter Amount) \$ \$ hold (Do not include adult each child who receives regul	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an lar income listed in Ste ng in the household)	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income p 1.	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	iisted, if they do not not not not not not not not not no	do receive inco eceive income Retirement/ ocial Supplemental y Income Amount) f more spaces Every 2 W \$ \$	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, feeks Twice \$ \$	y e) -A \$ -A \$ -A \$ use the Addi	f you enter '0' All Other Enter Amount) tional Name Monthly \$ \$	r leave any F (C W-E- W-E- W-E- S section on y \$	requency ircle One) -T-M-A -T-M-A -T-M-A the back.)
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3. C. Income for Children in the Housel Record total income by frequency for 1. 2. 3. D. Total Household Members (Cour	ad in STEP 1 (including yours inency of income: W=Weekly, here is no income to report. Work Earnings (Enter Amount) \$ \$ hold (Do not include adult each child who receives regul nt all children & adults livi for more information on	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an lar income listed in Step ng in the household) signing this form.	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income p 1. }	Household Member l thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A for children in the l	iisted, if they do not not not not not not not not not no	do receive inco eceive income (Retirement/ poial supplemental y Income Amount) f more spaces Every 2 W \$ \$ \$	report tota from any sour (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, 7eeks Twi \$ \$ \$	y e) ((-A \$ -A \$ -A \$ use the Addi ce per Month	All Other Enter Amount) tional Name Monthly \$ \$ \$	r leave any r (C W-E- W-E- W-E- s section on y \$ \$ \$	requency ircle One) -T-M-A -T-M-A -T-M-A the back.)
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3. C. <u>Income for Children in</u> the Housel Record total income by frequency for 1. 2. 3. D. <u>Total</u> Household Members (Cour Step 3: Please read the directions	ad in STEP 1 (including yours inency of income: W=Weekly, here is no income to report. Work Earnings (Enter Amount) \$ (Enter Amount) \$ hold (Do not include adult each child who receives regul nt all children & adults livi for more information on Signature. Return this applic in on this application is true a	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an lar income listed in Ster ing in the household) signing this form. ation to WISD Child N and that all income is a	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/Alimony (Enter Amount) \$ \$ \$ \$ y type of regular income p 1. Jutrition 631 Solon Rd War reported. I understand that	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A for children in the I cahachie, TX 75165, at this information I	isted, if they do not not not not not not not not not no	do receive inco eceive income (Retirement/ ocial supplemental y Income Amount) f more spaces Every 2 W \$ \$ \$ \$ at www.myscl nnection with	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, Yeeks Twice \$ \$ \$ hoolapps.com the receipt of	y e) ((-A \$ -A \$ -A \$ use the Addi ce per Month or return to s f Federal funct	All Other Enter Amount) tional Name Monthly \$ \$ \$ Chool cafeteria	r leave any (C W-E- W-E- S section on y \$ \$ a.	requency ircle One) -T-M-A -T-M-A -T-M-A the back.) Annually
List all Household Members not liste whole dollars only. <u>Indicate</u> the frequyou are certifying (promising) that the (Do not include the income of children this section. The income of children go in 2C.) 1. 2. 3. C. Income for Children in the Housel Record total income by frequency for 1. 2. 3. D. <u>Total</u> Household Members (Cour Step 3: Please read the directions Provide Contact Information and Adult <i>I certify (promise) that all information</i>	ad in STEP 1 (including yours inency of income: W=Weekly, here is no income to report. Work Earnings (Enter Amount) \$ (Enter Amount) \$ hold (Do not include adult each child who receives regul nt all children & adults livi for more information on Signature. Return this applic in on this application is true a	self) even if they do not E=Every 2 Weeks, T= Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A income. Do report an lar income listed in Ster ing in the household) signing this form. ation to WISD Child N and that all income is a	receive income. For each H Twice per Month, M=Mor Public Assistance/ Child Support/Alimony (Enter Amount) \$ \$ \$ \$ y type of regular income p 1. Jutrition 631 Solon Rd War reported. I understand that	Household Member I thly, A=Annually. If Frequency (Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A for children in the I cahachie, TX 75165, at this information I	isted, if they do not not not not not not not not not no	do receive inco eceive income Retirement/ ocial Supplemental y Mount) f more spaces Every 2 W \$ \$ \$ \$ at www.myscl nnection with ler applicable of	Frequence (Circle On W-E-T-M W-E-T-M W-E-T-M are needed, Yeeks Twice \$ \$ \$ hoolapps.com the receipt of	y e) (0 -A \$ -A \$ use the Addi ce per Month or return to s f Federal func- deral laws.	All Other Enter Amount) tional Name Monthly \$ \$ \$ Chool cafeteria	r leave any (C W-E- W-E- S section on y \$ \$ a.	requency ircle One) -T-M-A -T-M-A -T-M-A the back.) Annually

Step 1: Additional Names

A. List	A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.											
List each child's name.		Student Attends School in District?			Optional: Student ID	Check all that apply.						
First N	Name	MI	Last Name	Yes	No	Grade	Number	Foster	Head Start	Homeless	Migrant	Runaway
5.												
6.												
7.												
8.												
9.												
Step 2:	Additional Names											

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

R	ecord total income by frequency for each child who receives regular income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
	1.	\$	\$	\$	\$	\$
	2.	\$	\$	\$	\$	\$
-	3.	\$	\$	\$	\$	\$

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.						
	Income Determination: 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 Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12	Categorical Determination:				
Household Size: Total Income: Weekly	Every 2 Weeks Twice a Month Monthly Annually	Eligibility: Free Reduced Denied				
Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date					