2020-2021 Household Application for Free and Reduced Price School Meals – Corpus Christi Catholic School Complete one application per household. Please use a black or blue pen (not a pencil).

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's meals this information may be shared with the school/district for purposes of waiving school/district program fees that your child(ren) might otherwise be required to consent to the release of your information: this will not affect your student(s) eligibility for school meals. <i>Your information WILL be shared unless</i> Do NOT share my information with the programs I have with any programs Checked:	Home or Cell Phone Number STEP 5 Release of Information	If I purposety give Jaise information, my chitaren may a Mailing Address or PO Box A	STEP 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 "I certify (promise) that all information on this application is true and that all income is reported under applicable State and Federal lows."	Total Household Members (Students' and Adults from Steps 1 and 3)			Part of the state		Names of All Other Household Members (First and Last)	In the spaces below list all other household members not listed in St TOTAL GROSS INCOME (BEFORE TAXES AND OTHER D any fields blank you are certifying that there is no income to report.	Please include the TOTAL income, if any, received by all students' listed above B. All Other Household Members (including yourself)	A. Student Income	STEP 3 Report income for ALL I	Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). Provide case number and skip to Step 4.	STEP 2 If any household member				Student's First Name
Il be used in conjunction with state e chool/district for purposes of waivin action: this will not affect your stude Do NOT share my information with the programs I have checked:	SIGNATURE of	Apt. # or Lot #	adult signature ion is true and that all in	Last fo SSN" o	69	S	89	9	Earnings from Work	d members not liste [AXES AND OTH ere is no income to	any, received by cluding yourself)		ousehold memb	n (SNAP), Tempora stance or State Div Provide case numb	s (including you				M
ate educational programs and may be shared wiving school/district program fees that your cludent(s) eligibility for school meals. <i>Your info</i> ion Medicaid/SCHIP List	SIGNATURE of Adult Household Member (Required)	City	come is reported. I understand that this infortion has prosecuted under amblicable State and	Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	York Weekly B-Weekly 2xMonth Monthly Annually	d in Step 1 (including yourself) eve IER DEDUCTIONS) for each sour report.	all students' listed above.		Report income for ALL household members (skip this step if you provided a case number in S	ary Assistance for Needy Families ersion), or Food Distribution or and skip to Step 4.	If any household members (including you) currently receive assistance from any of the following				Student's Last Name
red with Medicaid or State Children's Hea ur child(ren) might otherwise be required in information WILL be shared unless yo List Specific Program List Spe		CO State Zip C	nation is given in connection with the	rk "no	9	8	8	9	Public Assistance/ Child Support/Alimony Weekly	n if they do not receive incorce in whole dollars only. If t	\$	Student Income Weetly		SNAP Case Number	rom any of the following				X
dren's Health Insurance Program (SCHIP) offices. If your e required to pay. The school/district is not permitted to she unless you check one of the boxes below. List Specific Program List Specific Program	Printed First and Last Name of Signer	p Code	e receipt of Federal funds, and that	XXX-XX-	0 0 0	0 0 0	0 0 0	0 0 0	B-Weekly 2x North Monthly Annually	ne. For each nousehold men hey do not receive income f		How Often? Bi-Weekly 2x Month Monthly Annually	TEP 2)	TANF Case	ng programs: SNAP, TAN				1 D D Y Y Grade
The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (Schill') offices. It your students are eligible to required programs are not required to share your information with anyone else. You are not required to consent to the release of your information: this will not affect vour student(s) eligibility for school meals. Your information WILL be shared unless you check one of the boxes below. Do NOT share my information with the programs I have With any programs Medicaid/SCHIP List Specific Program List Specific Program See hack of application	mer Today's Date	Email Address	the receipt of Federal funds, and that school officials may verify (check) the information. I am aware tha	Check box if no SSN					Pensions/Retirement/ All Other Income Weelty Balledy 2x16orth Monthly Annually	In the spaces below list all other household members not listed in Step 1 (including yourself) even it they do not receive income. For each nousehold member listed, it they do receive income from any source, write '0'. If you enter '0' or leave any fields blank you are certifying that there is no income to report. How Often?				Number FDPIR Case Number	TANF or FDPIR list the case number below.	Meals for more information.	Reduced Price School	Check all that apply. Read How to Apply	Foster Head Child Start Runaway Homeless Migrant

OPTIONAL Children's Racial and Ethnic Identities

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☐ White

☐ Native Hawaiian or Other Pacific Islander

Black or African American

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Asian Race (check one or more): American Indian or Alaskan Native

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for food stamps
 - Referrals to food pantries and free meals
- Get information on child and senior nutrition programs

Food Resource Hotline

CALL US STATEWINE 855-855-4626

METRO 720-382-2920

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las estampillas de comida
- Derivaciones a bancos de comida y comidas gratis
- Obtenga información sobre programas de nutrición para niños y ancianos

Línea Directa de Recursos de Comidas DENVER 720-382-2920 ESTATAL 855-855-4626

Hunger Free Colorado. org HUNGER HEE COLORADO

COLORADO

Colo this application. You do no meals. You must include the child or you list a Supplem scree progr The Richard B. Russell Na all needed information, we primary wage earner or oth The social security number Visit

Assistance for Needy Fami

Indian Reservations (FDPI

or when you indicate that t not have a social security n your child is eligible for fre enforcement of the lunch a information with education fund, or determine benefits aw enforcement officials t

DISTRICT USE ONLY. DO NO	ONLY. DO NOT WRITE BELOW THIS LINE.
Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12	ekly x 26; 2 Times per Month x 24; Monthly x 12
Application Type: Total Household Income: \$ Household Size:	Application Status: Approved - □Free □Reduced
Household Income Frequency - ☐ Weekly ☐ Bi-Weekly ☐ 2x/Month ☐Monthly ☐Annually	Denied - □Over Income Guidelines □Incomplete/Missing:
□Categorical Eligibility - □SNAP □FDPIR □TANF □Foster □Homeless/Migrant/Runaway/Head Start	Notes:
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Determining Official Signature:

Approval/Denial Date: