

San Martin de Porres Catholic School

Family Name _____
Address _____
City, State, Zip _____
Signature of Parent/Guardian _____
Date _____

The following criteria is used by Texas public schools for eligibility for free and reduced school lunches and child nutrition programs.

Household Size (Adults and Children)	Income (As Reported to IRS)
1	\$19,240
2	\$25,900
3	\$32,560
4	\$39,220
5	\$45,880
6	\$52,540
7	\$59,200
8	\$65,860

Each additional family member \$4,680

Is your annual household income equal or less than the amount shown for your family size? Yes _____ No _____

Is your family eligible for food stamps? Yes _____ No _____

Does your family qualify for medical assistance under Medicaid? Yes _____ No _____

Is your family receiving supplementary Security Income (SSD)? Yes _____ No _____

Does Your family receive housing assistance (Section 8)? Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)? Yes _____ No _____

Please list the students in your family attending our school:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

THIS INFORMATION IS CONFIDENTIAL AND WILL BE KEPT IN OUR SCHOOL
THANK YOU FOR YOUR HELP