

Blessed Teresa School of Sacred Heart Parish

Application for Free and Reduced Lunch Benefits

Directions: The Archdiocese does not receive federal funds for families who qualify for free or reduced lunches. However, to support our families in need, the parish will assist in covering lunch costs for eligible families. Blessed Teresa will adhere to the same guidelines used by the state to determine eligibility for free or reduced lunches. Please complete the household information below and submit it to the office

Section 1: Household Information

1. Parent/Guardian Information

- Name: _____
- Address: _____
- City: _____
- State: _____ Zip Code: _____
- Phone Number: _____
- Email Address: _____

2. Household Members Information

- Total Number of Household Members (including children): _____

Section 2: Student Information Please list all children in the household who attend the Blessed Teresa below.

Student Name	School Name	Grade	Date of Birth	Foster Child (Y/N)
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Section 3: Assistance Programs If any household member receives assistance from the programs listed below, please provide the case number:

- **SNAP (Food Stamps) Case Number:** _____
- **TANF Case Number:** _____
- **FDPIR Case Number:** _____

Section 4: Income Information Please provide the income information for each household member. **Include all forms of income such as wages, child support, unemployment, etc.**

Household Member Name	Income Source	Amount	Frequency (Weekly, Bi-Weekly, Monthly)
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Section 5: Signature and Certification By signing this application, I certify that all the information provided is true and accurate to the best of my knowledge. I understand that this information is being submitted to Blessed Teresa of Sacred Heart Parish to assess the need for financial assistance for school lunches

Parent/Guardian Signature: _____

- **Date:** _____

Instructions for Submission: The application needs to be sent to the front office. You can place the application in an envelope for confidentiality purposes. Once the application is approved, Dr. Luna will notify Jean Baer to ensure the approved information is attached to your FACTS account.

For Office Use Only:

- **Application Received Date:** _____
- **Eligibility Determination:** Free / Reduced / Denied
- **Reviewer Signature:** _____
- **Date:** _____