

#### Dear Parent/Guardian:

Children need healthy meals to learn. Sharyland ISD offers healthy meals every school day. Breakfast costs \$1.00 for Elementary schools and \$1.25 for Secondary schools; lunch costs \$2.25 for Elementary Schools and \$2.75 for Secondary Schools. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$0.30 for breakfast and \$0.40 for lunch. If you received a notification letter that a child is directly certified for free meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to the Sharyland ISD Child Nutrition Program or to any Cafeteria in the district. If you have questions about applying for free or reduced-price meals please call (956)584-6403 or email childnutrition@sharylandisd.org.

- 1. Who Can Get Free Meals?
  - *Income*—Children can get free or reduced-price meals if a household's gross income is within the limits described in the Federal Income Eligibility Guidelines.
  - Special Assistance Program Participants—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
  - Foster Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Head Start, Early Head Start, and Even Start—Children participating in these programs are eligible for free meals.
  - Homeless, Runaway, and Migrant—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Federal Programs Director at (956)580-5200, tgonzalez@sharylandisd.org.
  - WIC Recipient Children in households participating in WIC may be eligible for free or reduced-price meals.
- 2. What If I Disagree With the School's Decision About *My Application?* Talk to school officials. You also may ask for a hearing by calling or writing to Director of Accounting, 1106 N. Shary Rd., Mission TX 78572 -(956)580-5200.
- 3. My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One? Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.

- 4. If I Don't Qualify Now, May I Apply Later? Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
- 5. What If My Income Is Not Always the Same? List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
- 6. We Are in The Military. Do We Report Our Income Differently? Basic pay and cash bonuses must be reported as income. Any cash value allowances for offbase housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
- 7. May I Apply If Someone in My Household Is Not a U.S. Citizen? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
- 8. Will Application Information Be Checked? Yes. We may also ask you to send written proof of the reported household income.
- 9. My Family Needs More Help. Are There Other Programs We Might Apply For? To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.

Can I Apply Online? Yes! The online application has the same requirements and will ask you for the same information as the paper application. Visit sharylandisd.org and click on Child Nutrition in the Departments tab to begin the online application process. Contact the Sharyland ISD Child Nutrition Program if you have questions about the online application.

If you have other questions or need help, call (956)584-6403. Si necesita ayuda, por favor llame al teléfono:(956)584-6403. Sincerely,

Administrative Assistant

### Directions for Applying For Free and Reduced-Price School Meals

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in *Sharyland ISD*. Please use a **pen** (not a pencil) when completing the application.

The application must be filled out completely in order for the school to make a determination if the children in your

household qualify for free or reduced-price school meals. An incomplete application cannot be approved. Please contact (956)584-6403 or email <a href="mailto:childnutrition@sharylandisd.org">childnutrition@sharylandisd.org</a> with your questions.

## Step 1: List All Household Members Who Are Infants, Children, And Students Up To and Including Grade 12.

- List each child's name.
  - Print the first name, middle initial, and last name for each child in the household in the spaces provided. If there are more children in the household than lines on the application, use the back of the application to record additional names.

Reduced-Price Meal Income Eligibility Guidelines									
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly				
1	\$21,775	\$1,815	\$908	\$838	\$419				
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567				
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715				
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863				
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011				
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159				
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307				
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455				
For each additional family member add:									
	+ \$7,696	+ \$642	+ \$321	+ \$296	+ \$148				

#### Special Directions:

Include all members in the household who are age 18 or under and are supported with the household's income. Children do NOT have to be related to anyone in the household to be a part of the household.

- Mark the box following the child's name if the child is a student in the **Sharyland ISD**.
- <u>Check</u> the appropriate box if the child qualifies for free meals as participant in the foster care system; as a participant in a Head Start, Early Head Start, or Even Start program; or as a child meeting the criteria for homeless, migrant, or runaway.

#### Special Directions

On this application, checking Foster indicates that a foster care agency or court has placed the child in your home. Foster children who live in the household may count as members of the household and may be listed on your application. If the application is being submitted for foster children only, complete Step 1, skip Steps 2 and 3, and go to Step 4.

If all children in the household are participants in one of these programs, skip Steps 2 and 3 and go to Step 4.

# Step 2: Do Any Household Members (Including You) Currently Participate in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)?

- If no one in the household currently participates in any one of these programs

  Skip the remaining questions in Step 2, and go to Step 3.
- If anyone in the household participates one of these programs
   <u>Record</u> the Eligibility Determination Group Number (EDG) in the space provided, skip Step 3, and go to Step 4.

#### Step 3: Report Income for All Household Members.

Part A. Income for Children in the Household

 <u>Record</u> the total income <u>for all children</u> by how often the income is received (frequency). <u>Do not include income for</u> <u>adults in this section</u>. <u>Record the income of adults in Part B.</u>

#### Special Directions:

It is not necessary to record the income of the children in the household individually. Instead, combine and report children's total income by frequency. For example, combine all income received weekly and record the total amount in the space under weekly.

The Child Income Information Box (on the right) provides additional information on the types of income that needs to be reported for children in the household.

#### Child Income Information Box

#### Earnings from work

For Example: A child has a job where she or he earns a salary or wages.

#### Social Security, Disability Payments

For Example: A child is blind or disabled and receives Social Security benefits.

#### Social Security, Survivor's Benefits

For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

#### Income from any other source

For Example: A child receives income from a private pension fund, annuity, or trust.

Part B. Income for All Adult Household Members (Including Yourself)

• Record the first and last name of each adult in the household in the space provided.

If there are more adults in the household than the spaces provided, use the back of the application. Do not include the income of children in Part B. Children's income is reported in Part A.

#### Special Directions:

In this section, include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the family and even if the adult does not receive income of her or his own. Do <u>not</u> include people who live in the household but are not supported by the household's income and do not contribute income to the household.

- Record the amount of income the adult receives under the type of income:
  - Working Earnings
  - Public Assistance/Child Support/Alimony
  - Pensions/Retirement/Social Security/ Supplemental Security Income (SSI)
  - All Other

#### Special Directions:

Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Many people think of income as the amount they take home and not the total, gross amount. Ensure that the income reported on this application has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box provides additional information on the types of income that need to be reported. Foster children may be included as part of the household, but are not required to be included.

Write a  $\underline{0}$  in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write  $\underline{0}$  or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.

- <u>Circle</u> how often each type of income is received (frequency).
  - W = Weekly
  - E = Every 2 Weeks
  - T = Twice per Month
  - M = Monthly
  - A = Annually
- Record the total number of children and adults in the household in the appropriate box.

#### Special Directions:

This number MUST be equal to the number of household members listed in Step 1 and Step 3. If there are any members of the household that have not been listed on the application, go back and add them. It is very important to list all household members, as the size of the household determines the household eligibility.

 <u>Provide</u> the last four digits of the Social Security number (SSN) of the adult signing the application or check the box for no SSN.

#### Special Directions:

A social security number is not required to apply for these programs.

#### Step 4: Provide Contact Information and Adult Signature.

- Read the certification statement.
- Write your current address and contact information in the fields provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

#### Special Directions:

If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.

- <u>Print</u> the name of the adult completing the form in the spaced provided.
- Sign the form.

#### Special Directions:

All applications must be signed by the adult household member completing the application. By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this

section, please read the privacy and civil rights statements on the back of the application.

Record today's date in the appropriate box.

#### **Adult Income Information Box**

#### **Earnings from Work**

General Types of Income

- Salary, wages, cash bonuses
- Strike benefits

#### U.S. Military

- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food, and clothing

#### Self-Employed Worker

Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Public Assistance/Alimony/Child Support (Do not report the value of any cash value public assistance benefits NOT listed on the chart.)

- Unemployment benefits
- Worker's compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as other income in the next part.
- Veteran's benefits

#### Pensions/Retirement

- Social Security (including railroad retirement and black lung benefits)
- Private Pensions or disability
- Income from trusts or estates
- Annuities

#### All Other Income

- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

Sharyland ISD Child Nutrition Program, 2015-2016 Multi-Child Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). Apply online at <a href="http://www.sharylandisd.org">http://www.sharylandisd.org</a>

Step 1	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.							e back.				
Definition of Household Member: Anyone who is	List each child's name.				Optional: Student	Student School in		Check all tha	at apply.			
living with you and shares income and	First Name	MI Last Name			ID Number	Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
expenses, even if not related. Please read the	1.											
directions for more information.	2.											
Children in <b>Foster</b> care;	3.											
children who meet the definition of <b>Homeless</b> ,	4.											
Migrant, or Runaway or who participate in Head	5.											
Start are eligible for free	6.											
meals.		If every child list	ed in Step 1 is a p	articipant in one of the	programs listed ab	oove, skip S	teps 2 and	3 and go to	Step 4.			
Step 2	Do any Household Members	(including you) currently	y participate in o	ne or more of the follo	owing assistance	programs:	SNAP, T	ANF, or FDP	IR?			
Please read the directions for more information.	If No, go to Step 3 If yes > Write the Eligibility De	termination Group Number	r (EDG) in this spa	ace		, skip	Step 3, a	nd go to Step	4.			
Step 3	Report Income for ALL Hous	ehold Members (Skip thi	is step if you ente	ered an EDG number	in Step 2).							
Please read the directions for more	A. Income for Children in the Hou			Weekly	Every 2 Weeks		ice per Mo	nth		onthly		nnually
information.	Record total income by frequ  B. Income for Adult Household M	•	• —			\$			\$		\$	
	List all Household Members (without deductions) for eac income from any source, wr	th source in whole dollars of tite '0.' If you enter '0' or lea Work Earnings	only. <u>Indicate</u> the f ave any fields blar Frequency	requency of income: W nk, you are certifying (p Public Assistance/ Child Support/Alimony	/=Weekly, E=Every romising) that ther Frequency	y 2 Weeks, on the control of the con	T=Twice p me to repo Retirement/ Security/ ntal Security ome	er Month, M= ort. Frequei	Monthly, A=	Annually. If the All Other	hey do not	receive
	Adult's First/Last Name  1.	(Enter Amount)	(Circle One) W-E-T-M-A	(Enter Amount)	(Circle One) W-E-T-M-A	\$	Amount)	(Circle C	· .	(Enter Amount)	,	cle One) E-T-M-A
	2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-	'			E-T-M-A
	3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-				E-T-M-A
	4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-	,			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
	Total Household Members (Child	ren & Adults) Las	t Four Digits of Socia	al Security Number (SSN)	of Household Memb	er Completin	g This Form	n: XXX-XX			☐ Check	if no SSN
Step 4	Provide Contact Information	and Adult Signature.										
Please read the instructions for more information.	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 the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.											
	Street Address/Apt #	City		State	Zip		Daytime Pho	one and Email (O	ptional)			
	Printed Name of Adult Completing the F	Form		Signature of Adult C	ompleting the Form				Today's I	Date		

#### Additional Household Member Space—2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

	Additional	IOUSCIIO	na Michiber Op	acc 2013-2010	Multi-Offica Applica	tion for thee and	a incudect	u-1 1100 0	CITOOI IVIC	uis			
Step 1, Additional	o 1, Additional List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces is needed, use the Additional Household Members who are infants, children, and students up to and including grade 12. If more spaces is needed, use the Additional							Member Sh	eet.				
	List each child's name.					Optional: Student	Student Attends School in District?		Check all	Check all that apply.			
	First Name	MI	Last Name			<sup>'</sup> ID Number	Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
	1.												
	2.												
	3.												
	4.												
	5.												
Step 3, Additional	Report Income for ALL House	hold Men	mbers (Skip this	step if you answe	red Yes to Step 2).								
	Adult's First/Last Name		<b>Work Earnings</b> (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Social Suppleme In	s/Retirement/   Security/ ental Security come r Amount)	y Fre	equency cle One)	<b>All Oth</b> (Enter Am		Frequency (Circle One)
	1.	\$		W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-	-T-M-A \$			W-E-T-M-A
	2.	\$		W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-	-T-M-A \$		,	W-E-T-M-A
	3.	\$		W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-	-T-M-A \$			W-E-T-M-A
	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

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.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint filing cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Do Not Fill Out This Part. This Is For School Use Only								
	must be converted to annual ar me to annual, round only the fir	Date Received:						
Household Size:	□ Categorical Eligibility	Total Income:	Per □ We	eek $\ \square$ Every 2 Weeks $\ \square$ Twice a Month $\ \square$ Monthly $\ \square$ Annually	Eligibility: □ Free □ Reduced □ Denied			
Reviewing/Determining O	fficial's Signature:			Date:				
Confirming O	fficial's Signature:			Date:	Date Withdrawn:			
Follow –Up O	fficial's Signature:			Date:				