

NATIONAL SCHOOL LUNCH/SCHOOL BREAKFAST PROGRAM SCHOOL YEAR 2017-2018

Dear Parent or Guardian:

A healthy meal can make all the difference for our students and the Houston Independent School District works hard to provide nutritious meals daily. Breakfast is free; lunch costs \$2.35. Your children may qualify for free meals or for reduced-price (\$.40) meals. An application for free or reduced-price meals is attached. The fastest and surest way to apply is online at <https://mealapps.houstonisd.org>.

The questions and answers that follow provide additional information on how to complete the attached application. Complete only one application for all the students in your household and return the completed application to your child's school.

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 your child's school for additional information.
- *WIC Recipient* — Children in households participating in WIC **may** be eligible for free or reduced-price meals.

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 713-491-5715, writing to Nutrition Services Department, 6801 Bennington St., Houston, TX 77028 or emailing nsresponseline@houstonisd.org.

MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes. An application is only good for one school year and for the first few days of the following school year. Please complete a new application unless the school has told you that your child is eligible for the new school year.

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.

WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount normally received. If a household member lost a job or had hours or wages reduced, use current income.

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 off-base 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.

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.

WILL APPLICATION INFORMATION BE CHECKED?

Yes. You may also be asked to submit written proof of the reported household income.

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.

If you have other questions or need help, call 713-491-5944. Si necesita ayuda, por favor llame al teléfono 713-491-5944. Nếu quý vị có những thắc mắc khác hoặc cần giúp đỡ, xin gọi 713-491-5944.

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 Houston ISD. Please use a black ink 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 HISD Nutrition Services Student Eligibility department at 713-491-5944 with your questions.

1: LIST ALL HOUSEHOLD MEMBERS WHO ARE HISD STUDENTS UP TO AND INCLUDING GRADE 12.

- **List each child's name.**

Print the student ID number, last name, first name, middle initial and date of birth for each Houston ISD student in the household in the spaces provided. If there are more children in the household than lines on the application, use a second application.

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 appropriate box if the child qualifies for free meals as a participant in the foster care system; as a child meeting the HISD criteria for homeless, migrant, or runaway; or as a participant in a Head Start, Early Head Start or Even Start program.** If you have additional questions, please contact your child's school.

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.

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, record the Eligibility Determination Group Number (EDG) in the space provided, skip Step 3, and go to Step 4. *For help finding your EDG number call 2-1-1.*

Federal Income Eligibility Guidelines for Free Meals

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
	Reduced	Reduced	Reduced	Reduced	Reduced
1	\$22,311	\$1,860	\$930	\$859	\$430
2	\$30,044	\$2,504	\$1,252	\$1,156	\$578
3	\$37,777	\$3,149	\$1,575	\$1,453	\$727
4	\$45,510	\$3,793	\$1,897	\$1,751	\$876
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
7	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471
<i>For each additional family member add:</i>					
	+ \$7,733	+ \$645	+ \$323	+ \$298	+ \$149

3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- Record the last and first name of all household members (including the children in Step 1) in the lines provided. If there are more household members than the spaces provided, use a second application.

Special Directions: In this section, include all adults and children in the household that share income or expenses, even if they are not related to anyone in the family and even if they do not receive income of their own. Do **not** include adults or their dependents who live in the household but are not supported by the household's income and do not contribute income to the household expenses.

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

Special Directions: The Income Information Boxes provide 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.

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.

Write a 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 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.

- Mark how often each type of income is received (frequency).
 - W = Weekly
 - E = Every 2 Weeks
 - T = Twice per Month
 - M = Monthly
- Record the total number of children and adults in the household in the Total Household Members box.

Special Directions: This number **MUST** be equal to the number of household members listed in 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.

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
- 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

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

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.*
- **Print 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.**
- **Provide 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.*

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, audiotope, 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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

STEP 1 — All Children in Houston ISD in the Household

Student ID	Last Name	First Name	MI	Date of Birth	Foster	Homeless	Migrant	Runaway	Head Start
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Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive free meals regardless of the completion or eligibility determination of this application.

Check all that apply.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write an Eligibility Determination Group Number (EDG) then skip to STEP 4.

EDG Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) **even if they do not receive income**. For each household member listed, report total income for each source in whole dollars only including the **children's** income where applicable. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name including children
(Last, First)

Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly

Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Social Security And All Other Income	How Often?			
	W	E	T	M		W	E	T	M		W	E	T	M
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Total Household Members
(Children and Adults)

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 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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address/Apt. #

City

State

ZIP Code

Home Phone Number (Optional)

Work Phone Number (Optional)

Email (Optional)

Last Four Digits of Social Security Number (SSN) of Adult Signing the Application

*** - ** -

Check if no SSN ☐



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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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