

Dear Parent/Guardian:

Children need healthy meals to learn. *Tahoka ISD* offers healthy meals every school day. Breakfast costs \$0.00; lunch costs \$2.50. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$0.00 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 *Tahoka ISD Cafeteria or Terri Anderson P.O. BOX 1230 Tahoka, Texas 79373*. If you have questions about applying for free or reduced-price meals *Brigette Lee or Janie Rendon 806-561 4233*].

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 806-561-4600.
- **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 *Dr. George McFarland P.O. BOX 1230 Tahoka, Texas 79373 (806) 561-4105*.

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 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.

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.

If you have other questions or need help, call *Terri Anderson 806-561-4600*. Si necesita ayuda, por favor llame al teléfono: *Terri Anderson 806-561-4600*.

Sincerely,

Terri Anderson Business Manager

Charge Policy Effective August 1, 2014

Dear Parent/Guardian,

Tahoka ISD Food Services Department allows parents to charge meals during the school year as a courtesy to you. Our Charge Policy allows students to charge up to 5 Lunches on the 6th lunch the student will receive an alternative meal that consist of cheese sandwich, fruit and milk.

Parents are encouraged to make prepayments for lunch meals using checks, money orders or cash or by utilizing our online prepayment system. Paying weekly or monthly is appreciated and allows for faster service through the cafeteria lines.

Students are not allowed to charge any Ale Carte items this consist of snack bar, ice cream as well as any item sold on the serving (extra entrée, milk, or side items).

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.

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 *Tahoka 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 *Brigitte Lee or Janie Rendon 806-561-4233* 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.

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 *Tahoka ISD*.
- Check 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

Record the Eligibility Determination Group Number (EDG) in the space provided, skip Step 3, and go to Step 4.

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
<i>For each additional family member add:</i>					
	+ \$7,696	+ \$642	+ \$321	+ \$296	+ \$148

Step 3: Report Income for All Household Members.

Part A. Income for Children in the Household

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

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 not** 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 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.

- Circle 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.

- 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.

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.

- 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.

Adult Income Information Box	
Earnings from Work	
<i>General Types of Income</i>	
•	Salary, wages, cash bonuses
•	Strike benefits
<i>U.S. Military</i>	
•	Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
•	Allowances for off-base housing, food, and clothing
<i>Self-Employed Worker</i>	
•	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	
<i>(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)</i>	
•	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 <i>other</i> 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

Tahoka ISD, 2015-2016 Multi-Use Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Step 1
 Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related. Please read the directions for more information.
 Children in Foster care: children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals.

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.

List each child's name.	First Name	MI	Last Name	Optional: Student ID Number		Check all that apply.						
				Yes	No	Foster	Head Start	Homeless	Migrant	Runaway		
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2
 Please read the directions for more information.
 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? If every child listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.

Step 3
 Please read the directions for more information.
 Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).
 A. Income for Children in the Household
 Record total income by frequency for all children listed in Step 1.
 B. Income for Adult Household Members (Including Yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's First/Last Name	Work Earnings (Enter Amount)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	\$	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
3.	\$	\$	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
5.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

Total Household Members (Children & Adults) _____ Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form: XXX-XX-____ Check if no SSN

Step 4
 Please read the instructions for more information.
 Provide 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.

Street Address/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____
 Printed Name of Adult Completing the Form _____ Signature of Adult Completing the Form _____ Today's Date _____

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

Step 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 Member Sheet.

List each child's name.	First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District?		Check all that apply.					
					Yes	No	Foster	Head Start	Homeless	Migrant	Runaway	
1.												
2.												
3.												
4.												
5.												

Step 3. Additional Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2).

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$							
2.	\$							
3.	\$							
4.	\$							
5.	\$							

Step 5. (Optional) Sharing Information with Other Programs

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligible for free or reduced-price meals.

Programs: Pre-K

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, audits 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

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12

Household Size: Categorical Eligibility | Total Income: _____ Per Week Every 2 Weeks Twice a Month Monthly Annually

Reviewing/Determining Official's Signature: _____

Date: _____

Confirming Official's Signature: _____

Date: _____

Follow-Up Official's Signature: _____

Date: _____

Date Received: _____
Eligibility: Free Reduced Denied
Date Withdrawn: _____