

Application for Free and Reduced-Price Meals

YOU ARE ENCOURAGED TO SUBMIT AN ONLINE APPLICATION INSTEAD OF A PAPER ONE IF YOU ARE ABLE. VISIT [HTTPS://FAMILY.TITANK12.COM](https://family.titank12.com) TO BEGIN. READ INSTRUCTIONS AND PARENT LETTER ON THE BACK OF THIS APPLICATION.

STEP 1 STUDENT INFORMATION - Print the birth date, name, grade and school of EACH child who will attend this school year.

Children in Foster Care and children who meet the definition of Homeless, Migrant, Runaway or Head Start are eligible for free meals. Place a check in the box if a student is a foster, homeless, migrant, runaway, or Head Start.

School Use	Student's Birth Date	Student's First Name	MI	Student's Last Name	Grade	School Name	Foster Child	H, M, R	Head Start

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: SNAP, TANF, or FDPIR?

CHECK ONE Yes No

If you answered NO Complete STEP 3.

If you answered YES Write a case number here then go to STEP 4 (Do not complete STEP 3)

SNAP, TANF, or FDPIR CASE NUMBER:

STEP 3 Report Income for ALL Household Members

A. STUDENT INCOME: Sometimes Students in the household earn income. Please include the TOTAL income earned by all Students listed in STEP 1 here. Pay Period: W = weekly, 2W = every two weeks, M = monthly, 2M = twice a month.

W 2W M 2M A

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself) List all Household Members no 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 for each source in whole dollars only. 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. Report all income earned before taxes and deductions and mark the appropriate pay period. Pay periods: W = weekly, 2W = every two weeks, M = monthly, 2M = twice a month.

Name of ALL Other Household Members	Work	How Often?	Welfare, Child Support, Alimony	How Often?	Pension, Retirement Social Security	How Often?	Temporary Income Unemployment	How Often?
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX XX

Check if NO SSN

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

ETHNICITY

RACE(s)

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.

Today's date Signature of adult completing the form

NAME of adult completing form

Street Address

City State Zip

Email Address

Daytime Telephone Number

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Eligibility: Error-Prone Case # Application Categorically Eligible

Directly Certified-Attach to match result Selected for Verification

Determining Official: Date:

Confirming Official: Date:

Date Notice Sent:

Directions for Applying for Free and Reduced-Price School Meals 2020-2021

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 Fayetteville 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 Casandra Soto, csoto@fayettevilleisd.net 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 first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.

Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. 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 to show if the child is a student in the Fayetteville ISD.
- **Record** the child's grade if the child is in school.
- **Check** the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.

Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Step 2, and complete Step 3.

Participation in a Categorical Program

If all children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Step 2 and complete Step 3.

SNAP, TANF, and FDPIR: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needed Families (TANF), record the Eligibility Determination Group (EDG) number in the space.

If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), check the box to indicate participation. The Fayetteville School will contact you to obtain documentation of FDPIR participation.

If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.

Step 2: Report Income for All Household Members.

Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- **Provide** the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN.

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

Part B. Income for All Adult Household Members (Including Yourself, But Not Children)

- **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 available spaces, use the back of the application. **Children's income is reported in Part C.**

Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that 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); and All Other.

Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported 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 a member of the household or may be included on a separate application.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member add:					
	+ \$8,288	+ \$691	+ \$346	+ \$319	+ \$160

Write a 0 in any field where there is no income to report. 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

Part C. Income for Children in the Household

- **Record** total income for each child in the household who receives regular income by how often income is received (frequency).

Record adult income in Part B.

Record the income of each child who receives regular income under the frequency indicating how often the income is received.

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.

Part D. Total Household Members

- **Record** the total number of children and adults in the household in the appropriate box.

This number MUST be equal to the number of household members listed in Step 1 and Step 2. It is very important to list all household members as the size of the household determines the household eligibility.

Step 3: Provide Contact Information and Adult Signature.

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

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 signing the form, **sign** the form, and **record** today's date in the appropriate spaces.

All applications must be signed by an adult household member. 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.

Step 4: Return the Application.

- **Return** the application to 618 Rusk St., Fayetteville TX. 79940 FAX 979-378-4246.

Adult Income Information Box

Earnings from Work

General Types of Income

- Salary, wages, cash bonuses
- Strike benefits

U.S. Military

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

Self-Employed Worker

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

Public Assistance/ Child Support/Alimony

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)

- Alimony payments
- Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Unemployment benefits
- Worker's compensation

Pensions/Retirement/ Supplemental Security Income (SSI)

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

All Other Income

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

Child's Income Information

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



FAYETTEVILLE INDEPENDENT SCHOOL DISTRICT



Dr. Jeff W. Harvey, Superintendent

P.O. Box 129 • 618 N Rusk St • Fayetteville, Texas 78940

Phone 979-378-4242 Fax 979-378-4246

Brynn Lopez, Principal

www.fayettevilleisd.net

Lisa Dyer, Dean of Students

Fayetteville ISD Cafeteria Rates

2020-2021
Breakfast
PK-12: \$1.75
Adults: \$2.00
Lunch
PK- 4: \$3.25
5 - 12: \$3.50
Adults: \$4.00
Guests: \$4.25