

Valley View ISD

Dear Parent/Guardian:

Children need healthy meals to learn. Valley View ISD offers healthy meals every school day. Breakfast costs \$1.50; lunch costs *elementary* \$2.70 *MS/HS* \$3.00. **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 or reduced-price 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 Valley View ISD. If you have questions about applying for free or reduced-price meals, contact 940-726-3659.

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 for Households 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 *Monica Parkhill*.
- *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 *William Stokes, 940-726-3659*.

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 *Misty Price, 940-726-3659*. Si necesita ayuda, por favor llame al teléfono: *Misty Price, 940-726-3659*.

Sincerely,
Misty Price

Valley View ISD, 2018-2019 Multi-Use Application for Free and Reduced-Price School Meals

This Box for School Use Only.

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

Date Withdrawn:

Step 1: Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* 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. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name.

Student Attends School in District?

Optional: Student

Check all that apply.

| First Name | MI | Last Name | Yes | No | Grade | ID Number | 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"/> |
| 2. | | | <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"/> |
| 4. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?
If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space _____, skip Step 2, and complete Step 3.
If Yes to FDPIR, check this box , skip Step 2, and complete Step 3.

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Total Household Members (Children & Adults) _____

B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX ____ ____ ____ Check if no SSN

C. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

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 (Do not include the income of children in this section. The income of children goes in 2D.) | 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. | \$ | 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 |

D. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for the children with income listed in Step 1.

| | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually |
|----|--------|---------------|-----------------|---------|----------|
| 1. | \$ | \$ | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ | \$ | \$ |

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to 106 Newton Street, Valley View, TX 76272 940-726-3659

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 Household Member Signing the Form

Signature of Adult Household Member Signing the Form

Today's Date

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.

List each child's name.

| First Name | MI | Last Name | Student Attends School in District? | | Grade | Optional: Student ID Number | Check all that apply. | | | | |
|------------|----|-----------|-------------------------------------|--------------------------|-------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Yes | No | | | Foster | Head Start | Homeless | Migrant | Runaway |
| 5. | | | <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"/> |
| 7. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 2: Additional Names

C. Income for Adult Household Members (Include Yourself, But Not Children)

| Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.) | 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) |
|--|---------------------------------|---------------------------|---|---------------------------|---|---------------------------|-----------------------------|---------------------------|
| 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 |

D. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for the children with income listed in Step 1.

| | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually |
|----|--------|---------------|-----------------|---------|----------|
| 4. | \$ | \$ | \$ | \$ | \$ |
| 5. | \$ | \$ | \$ | \$ | \$ |

Step 4 (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 eligibility for free or reduced-price meals.

| | | | | | |
|-----------|------|---------|----------|-----------|--------------------|
| Programs: | BAND | AP TEST | SAT TEST | PSAT TEST | ENRICHMENT PROGRAM |
|-----------|------|---------|----------|-----------|--------------------|

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, audiotape, 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 , (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.

Do Not Fill Out This Part. This Is For School Use Only.

| | | | | | | | | | | |
|---|---------------------|------------------------------------|---|---|-------------------------------------|--------------------------------------|--|---|--|--|
| <i>Income Determination: 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</i> | | | | | | Date Received: | | | | |
| Household Size: _____ | Total Income: _____ | Weekly <input type="checkbox"/> | Every 2 Weeks <input type="checkbox"/> | Twice a Month <input type="checkbox"/> | Monthly <input type="checkbox"/> | Annually <input type="checkbox"/> | Categorical Determination <input type="checkbox"/> | Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> | | |
| Reviewing/Determining Official's Signature/Date | | | Confirming Official's Signature/Date | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |