



Dear Parent/Guardian:

Children need healthy meals to learn. *Eanes Independent School District* offers healthy meals every school day. Lunch costs **\$3.10 - Elementary; \$3.35 – Middle School; \$3.60 – High School. Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **\$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 **EANES ISD, DEPARTMENT OF CHILD NUTRITION, 601 CAMP CRAFT ROAD, AUSTIN, TX 78746-6512 – or – TO YOUR SCHOOL CAFETERIA.** If you have questions about applying for free or reduced-price meals, please contact **Kevin Pownall, (512) 732-9060 (kpownall@eanesisd.net).**

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 **Todd Washburn, (512) 732-9000 (twashburn@eanesisd.net).**
- **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 **Jeremy Trimble, Chief Operations Officer, Eanes ISD, 601 Camp Craft Road, Austin, TX 78746-6512; (512) 732-9000.**

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 **Kevin Pownall at (512) 732-9060.**

Si necesita ayuda, por favor llame al teléfono: **Kevin Pownall at (512) 732-9060.**

Sincerely,

Steve Stracke, Director of Child Nutrition, Eanes Independent School District

## 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 *EANES INDEPENDENT SCHOOL DISTRICT*. 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 *Kevin Pownall, (512) 732-9060 (kpownall@eanesisd.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 *EANES INDEPENDENT SCHOOL DISTRICT*.
- **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 Even Start) program 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 *EANES INDEPENDENT SCHOOL DISTRICT* 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. 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.*

#### Part B. 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 C. 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 D.*

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each additional family member add:					
	+ \$7,992	+ \$666	+ \$333	+ \$308	+ \$154

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.

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 D. Income for Children in the Household**

- **Record** total income for all children by how often income is received (frequency).

**Record adult income in Part C.**

Record the income of children individually 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.

<b>Adult Income Information Box</b>	
<b>Earnings from Work</b>	
<i>General Types of Income</i>	
<ul style="list-style-type: none"> <li>▪ Salary, wages, cash bonuses</li> <li>▪ Strike benefits</li> </ul>	
<i>U.S. Military</i>	
<ul style="list-style-type: none"> <li>▪ Allowances for off-base housing, food, and clothing</li> <li>▪ Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> </ul>	
<i>Self-Employed Worker</i>	
<ul style="list-style-type: none"> <li>▪ Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.</li> </ul>	
<b>Public Assistance/Child Support/Alimony</b>	
<i>(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)</i>	
<ul style="list-style-type: none"> <li>▪ Alimony payments</li> <li>▪ Cash assistance from State or local government</li> <li>▪ 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.</li> <li>▪ Unemployment benefits</li> <li>▪ Worker's compensation</li> </ul>	
<b>Pensions/Retirement/ Supplemental Security Income (SSI)</b>	
<ul style="list-style-type: none"> <li>▪ Annuities</li> <li>▪ Income from trusts or estates</li> <li>▪ Private Pensions or disability</li> <li>▪ Social Security (including railroad retirement and black lung benefits)</li> <li>▪ Supplemental Security Income (SSI)</li> <li>▪ Veteran's benefits</li> </ul>	
<b>All Other Income</b>	
<ul style="list-style-type: none"> <li>▪ Earned interest</li> <li>▪ Investment income</li> <li>▪ Regular cash payments from outside household</li> <li>▪ Rental income</li> </ul>	

**Step3: 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.*

**Step4: Return the Application.**

<b>Child Income Information Box</b>	
<b>Earnings from work</b>	
<i>For Example: A child has a job where she or he earns a salary or wages.</i>	
<b>Social Security, Disability Payments</b>	
<i>For Example: A child is blind or disabled and receives Social Security benefits.</i>	
<b>Social Security, Survivor's Benefits</b>	
<i>For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.</i>	
<b>Income from any other source</b>	
<i>For Example: A child receives income from a private pension fund, annuity, or trust.</i>	

- Return the application to *EANES ISD – CHILD NUTRITION DEPT., 601 Camp Craft Road, Austin, TX 78746, or your child’s school.*

**EANES INDEPENDENT SCHOOL DISTRICT, 2018-2019 Multi-Child Application for Free and Reduced-Price School Meals**

This Box for School Use Only.  
Date Withdrawn:

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.* 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 combined total income by frequency for all children 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 EANES ISD - CHILD NUTRITION, 601 Camp Craft Road, Austin, TX, 78746 or return to your child's school.

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"/>
9.			<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
6.	\$	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 combined total income by frequency for all children listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$

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](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](mailto: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>							<b>Date Received:</b>			
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"/>	<b>Categorical Determination</b> <input type="checkbox"/>	<b>Eligibility:</b>		
								Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>
Reviewing/Determining Official's Signature/Date		Confirming Official's Signature/Date								