

Mesquite ISD 2019-2020 Multi Child Application for Free and Reduced-Price School Meals Instructions

APPLY ONLINE AT www.schoolcafe.com

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 Mesquite 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 Meal Benefits at 972-882-5512 or email foodnutrition@mesquiteisd.org with questions.

STEP 1: List all MISD Students in the Household

List the student's social security number or student ID which is optional, but strongly suggested for faster processing.

Print the last name, first name, and middle initial for each student in the household in the spaces. If there are more students than lines on the application, use the back of the application to record additional names.

Record the student's date of birth, which is optional but strongly suggested for faster processing.

Check the box if the student qualifies for free meals as participant in the foster care system; or as a student meeting the criteria for homeless, migrant, or runaway.

Checking foster indicates that a foster care agency or court has placed the student in your home. If the application is being submitted for foster children only, contact Meal Benefits Office at 972-882-5512 for further instructions.

STEP 2: Categorical Assistance Programs

If all children in the household are participants in one of the following programs – Foster, Homeless, Migrant, or Runaway, contact Meal Benefit office at 972-882-5512 for further instructions. SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families), and FDPIR (Food Distribution Program for Households on Indian Reservations): 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 is a participant in SNAP or TANF circle yes, record the Eligibility Determination Group (EDG) number in the space. If a child or adult in the household is a participant in FDPIR contact and provide documentation of the FDPIR participation. If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 3 and complete Step 4.

STEP 3: Report Income for All Household Members

Print the last name and first name for every member (include all students, other children and adults) in the household in the space. If more spaces are needed use the back of the application.

Include every member 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.

It is very important to list all household members as the size of the household determines the household eligibility.

Record the amount of income for every household member (include all students, other children and adults) receives under the type of income: Work Earnings or Public Assistance/Child Support/Alimony, Pensions/Retirement or Social Security/Supplemental Security Income (SSI), or All Other Income.

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 (frequency) each type of income is received; W = Weekly, E = Every 2 Weeks, T = Twice per Month, or M = Monthly.

Record the total number of household members (include all students, other children and adults) in the appropriate box.

This number MUST be equal to the number of students listed in Step 1 and other household members in Step 3. 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 an adult completing the form or check the box for no SSN. A social security number is not required to apply for this program.

STEP 4: Provide Contact Information and Adult Signature

Read the certification statement.

Print the name of the adult signing the form.

Sign the form.

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 right statements below.

Record today's date in the appropriate box.

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.

Adult Income Information Box

Earnings from Work

General Types of Income

Salary, wages, cash bonuses or strike benefit

U.S. Military

Allowances for off 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 your business from its gross receipts or revenue.

Public Assistance/Alimony/Child Support

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

Alimony payments, Cash assistance from State or local government, 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, Unemployment benefit or Worker's compensation

Pensions/Retirement/Social Security

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

All Other Income

Earned interest, Investment income, Regular cash payments from outside household or Rental income

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 children 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 are 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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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. USDA is an equal opportunity provider, employer, and lender.