



# Spring Branch Independent School District

## Financial Services Department

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Chris Kamradt, Director for Child Nutrition Services

## Individual Student Information

We are very happy to announce that all SBISD students will receive meals (both breakfast and lunch) at no cost for the 2021-2022 school year!

However, we must continue to gather individual eligibility for every student. This important data allows Spring Branch ISD families to receive benefits such as discounted internet costs, reduced fees for SAT/ACT testing, and help with college application fees as well as maximizing important State and Federal funding for individual schools. It is critically important that we collect this data to maximize the available benefits to all students and our schools.

Please follow the instructions below on how to provide this important information. If you have any questions, please call.

Chris Kamradt

Director of Child Nutrition Services 713-251-1150

## HOW TO COMPLETE THE MULTI USE FORM

Please use these instructions to help you fill out the Income Survey Form. You only need to submit one Multi Use Form per household, even if your children attend more than one school in **Spring Branch ISD**. Please follow these instructions in order! Each step of the instructions is the same as the steps on your Income Survey Form. If at any time you are not sure what to do next, please contact **Child Nutrition Services at 713-251-1150**.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE INCOME SURVEY FORM AND DO YOUR BEST TO PRINT CLEARLY.**

### STEP 1: LIST ALL CHILDREN IN SCHOOL IN THE HOUSEHOLD.

Tell us how many children in school live in your household. They do NOT have to be related to you to be a part of your household. If there are more children present than lines on the Income Survey Form, attach a second piece of paper with all required information for the additional children.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start.

- A) List each student's name.** Print each child's name. Use one line of the Income Survey Form for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the Income Survey Form, attach a second piece of paper with all required information for the additional children.

### STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDIR)?

- A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your Income Survey Form.**
- B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the case number.** You only need to write one case number. If you participate in one of these programs and do not know your case number, contact **Texas Health and Human Services 512-424-6500. Skip to STEP 4.**

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- A) LIST ALL ADULT HOUSEHOLD MEMBERS (including yourself) who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.**
- **Do not include** adults who live with you but are not supported by your household's income AND do not contribute income to your household.
- B) REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
- **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes; many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this Income Survey Form has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
  - **What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- C) REPORT TOTAL HOUSEHOLD SIZE.** Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number **MUST** be equal to the number of children in STEP 1 and the household members listed in STEP 3. If there are any members of your household that you have not listed on the Income Survey Form, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility.

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All Income Survey Forms must be signed by an adult member of the household. By signing the Income Survey Form, that household member is promising that all information has been truthfully and completely reported.

- A) PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided if this information is available. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) PRINT AND SIGN YOUR NAME.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."
- C) WRITE TODAY'S DATE.** In the space provided, write today's date in the box.

**STEP 1 — All Children in the Household including infants and students up to and including Grade 12**

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Student attends school in district?		School
					Y	N	
					Y	N	
					Y	N	
					Y	N	
					Y	N	
					Y	N	

Note: Students will receive no cost meals regardless of the completion or eligibility determination of this application.

**STEP 2 — Assistance Programs**

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one:** Yes / No

EDG Number:

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write an Eligibility Determination Group (EDG) number then skip to STEP 4.

**STEP 3 — All Household Member Income** (Skip this step if you answered 'Yes' in STEP 2)

Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly

List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult Household Member Name (First and Last)	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?			
		W	E	T	M		W	E	T	M		W	E	T	M
		W	E	T	M		W	E	T	M		W	E	T	M
		W	E	T	M		W	E	T	M		W	E	T	M
		W	E	T	M		W	E	T	M		W	E	T	M
		W	E	T	M		W	E	T	M		W	E	T	M
		W	E	T	M		W	E	T	M		W	E	T	M

Total Household Size

**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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date



M	M	D	D	Y	Y
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Street Address (if available)

City

State

ZIP Code



T	X
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Email

Return this application to:  
Child Nutrition Services, 1031 Witte Rd. Bldg. T2A, Houston, TX 77055,  
or to your child's school,  
or scan and email to [cns@springbranchisd.com](mailto:cns@springbranchisd.com)

