

Directions for Applying for Free and Reduced-Price School Meals 2021-2022

Applications are also available online at www.nlappscloud.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 Carrollton-Farmers Branch ISD. Please use a **black 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 972-968-6390 or hernandez@cfbisd.edu with your questions.

STEP 1: List All Household Members Who Are Infants, Children, and Students Up to and Including Grade 12

Part A. List each child's LEGAL name.

- **Mark** the box "Yes" if the child is a student at Carrollton-Farmers Branch ISD. This does not include students attending charter schools located within the school attendance zones. Mark the box "No" if the child is an infant or child under 18 years or not attending school in Carrollton-Farmers Branch ISD.
- **List** each child's legal name.
*Print the first name, middle initial, and last name for each child in the household in the spaces provided. If there are more children in the household than lines on the application, please attach a separate sheet of paper to record additional names.
 Include all members in the household 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.*
- **Print** the child's date of birth including month, day, and year. (This step is optional.)
- **Print** the Student's ID Number if the child is a student. The Student ID is not required but will help to process the application more quickly if provided. (This step is optional.)
- **Print** the student's Grade and School Code for EACH child that is a C-FB student using the table below: (This step is optional.)

School Number Codes						Grades					
High Schools		Middle Schools		Elementary Schools				List as Shown:			
Turner	001	Field	041	Carrollton	102	Davis	113	McKamy	124	PK	06
Smith	002	Perry	042	Central	103	McCoy	114	Sheffield	125	KG	07
Grimes	003	Long	044	Good	105	Fumeaux	116	Rainwater	126	01	08
Salazar	005	Blalack	045	Stark	106	Rosemeade	118	Freeman	128	02	09
Creekview	006	Polk	046	Farmers Branch	109	Las Colinas	120	McWhorter	129	03	10
Ranchview	007	Bush	047	Blanton	110	Landry	121	Blair	131	04	11
Early College	010			Thompson	111	Kent	122	LaVillita	132	05	12
				Country Place	112	Riverchase	123	Strickland	135		

- **Check** the appropriate box if the child qualifies for free meals as a 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. Before selecting the Homeless, Migrant, or Runaway boxes, please contact the district liaison at 972-968-6506 to be sure this child qualifies and has the appropriate paperwork on file.
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 Steps 2 and 3, and complete Step 4.

Part B. Participation in a Categorical Program: SNAP, TANF, or FDPIR

- If all children in the household are participants in one of the following programs – Foster, Head Start, Homeless, Migrant, or Runaway, skip Steps 2 and 3 and complete Step 4.
- SNAP, TANF, or 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 for Needy Families (TANF): Record the 8- or 9- digit Eligibility Determination Group Number (EDG) in the space provided. (The Lone Star card number is not acceptable)
 If a child or adult in the household participates in Food Distribution Program on Indian Reservations (FDPIR): Check the box to indicate participation.
 The Student Nutrition Office will contact you to obtain documentation of FDPIR participation.
 If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Steps 2 and 3 and complete Step 4.*

STEP 2: Record Income for Children in the Household

- **Record** total income for all children listed in Step 1 by how often the income is received (frequency).
- **Record adult income in Step 3.**
*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.*

STEP 3: Record Income for All Adult Household Members

Part A. Last Four Digits of the 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.

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

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 not listed in Step 1 in the space provided.

If there are more adults in the household than the spaces provided, please attach a separate sheet of paper. Children's income is reported in Step 2.

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. Many people think of income as net income or the amount of the check or deposit received but this is not the total, gross amount. Ensure that the income reported on this application 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 part of the household, but are not required to 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.

- Mark the circle for how often (frequency) each type of income is received (Annually, Monthly, Twice a Month, Every 2 Weeks, Weekly)

Part C. 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 3. It is very important to list all household members, as the size of the household determines the household eligibility.*

STEP 4: 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 in the spaced provided, 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 5: Return the Application for Processing

- Return the application to 1505 Randolph St. Carrollton, TX 75006, 972-968-6392, and/or your child's school.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each additional family member add:					
	+\$8,399	+\$700	+\$350	+\$324	+\$162

Adult Income Information Box	
Earnings from Work	
<i>General Types of Income</i>	
<ul style="list-style-type: none"> Salary, wages, cash bonuses Strike benefits 	
<i>U.S. Military</i>	
<ul style="list-style-type: none"> Allowances for off-base housing, food, and clothing Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) 	
<i>Self-Employed Worker</i>	
<ul style="list-style-type: none"> 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	
<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"> 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 benefits Worker's compensation 	
Pensions/Retirement/Supplemental Security Income (SSI)	
<ul style="list-style-type: none"> 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	
<ul style="list-style-type: none"> Earned interest Investment income Regular cash payments from outside household 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 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 [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/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. This institution is an equal opportunity provider.