



Mesquite ISD 2021 - 2022 Free and Reduced Meal Program

APPLY ONLINE AT www.schoolcafe.com

Dear Parent/Guardian:

Children need healthy meals to learn. Mesquite ISD offers healthy meals every school day. **Breakfast costs \$1.80 for all students; lunch costs \$2.50 for elementary, \$2.80 for middle school and \$2.90 for high school students.** 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 meals, DO NOT complete an application. Call Meal Benefits at 972-882-5512 if any children in the household attending school are not listed in the notification letter.

The questions and answers that follow provide additional information on how to complete the application. Complete one application per household, even if the children in the household attend more than one school in Mesquite ISD. For faster processing submit an application online at www.schoolcafe.com. If you have questions about applying for free or reduced-price meals call Meal Benefits 972-882-5512.

1. Who can get free meals?

- **Income** - Children can get free or reduced-priced 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 or Early Start (Floyd Elem ONLY)** - 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 your student's school administrative assistant or counselor.
- **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? You may talk to school officials. You may also ask for a hearing by calling or writing to Lark Stewart, Director of Food and Nutrition Services, 405 E. Davis, Mesquite, TX 75149, 972-882-5500.

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. Submit online a new application unless Meal Benefits told you that your child is already eligible for the new school year.

If you have any other questions or need help, call Meal Benefits 972-882-5512. Si necesita ayuda, por favor llame al teléfono: Meal Benefits 972-882-5512.

Sincerely,

Kay Clem

Free and Reduced Meal Program

Phone: 972-882-5512

Email: foodnutrition@mesquiteisd.org

- 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 dial 2-1-1.
- 10. Can I apply online?** Yes! The online application has the same requirements and will ask you for the same information as the paper application. Visit www.schoolcafe.com to begin or to learn more about the online application process.

Income Eligibility Reduced-Price Guidelines—July 1, 2021–June 30, 2022					
Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,828	1,988	993	917	459
2	32,227	2,688	1,343	1,240	620
3	40,826	3,388	1,693	1,583	782
4	49,025	4,088	2,043	1,886	943
5	57,424	4,788	2,393	2,209	1,105
6	65,823	5,488	2,743	2,532	1,266
7	74,222	6,188	3,093	2,855	1,428
8	82,821	6,888	3,443	3,178	1,589
For each additional family member add:					
	8,399	700	350	324	162

Mesquite ISD 2021-2022 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; Head Start 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: Assistance Programs

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 from Part 1, 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 benefits

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 or disability, Social Security (including railroad retirement and black lung benefits), 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 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, (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.

2021 - 2022 Multi-Child Application for Free and Reduced Price Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 – List all MISD students in the Household

SSN or Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Foster	Homeless	Migrant	Runaway	Head Start
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Eligibility Determination Group Number:

DO NOT add a Case Number.

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

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income (without deductions) 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.

ALL Household Member Name (Last and First) Include Students from STEP 1	Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly																			
	Work Earnings				Public Assistance / Child Support / Alimony				Pensions / Social Security / SSI / All Other Income											
	How Often?				How Often?				How Often?				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					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 number of Household Members from STEP 3

Last Four Digits of Social Security Number (SSN) of Adult Completing Form

*** -**-

Check if no SSN

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

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email



4674

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, (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.

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