

Houston County School System

NATIONAL SCHOOL LUNCH APPLICATION

~ONE APPLICATION PER HOUSEHOLD~

School Year 2022-2023



ATTENTION

Parents and Guardians

Fill out **ONE APPLICATION PER HOUSEHOLD** for free and reduced-price meals. You must list all students and household members on the form.

Return to any Houston County School **IMMEDIATELY.**

STUDENTS WHO WERE APPROVED FOR FREE AND REDUCED MEALS IN THE LAST SCHOOL YEAR WILL CONTINUE TO RECEIVE FREE OR REDUCED MEALS FOR 30 DAYS OR UNTIL THEIR APPLICATION IS PROCESSED FOR THIS SCHOOL YEAR. THE NEW APPLICATION MUST BE TURNED IN BY SEPTEMBER 9, 2022. BEGINNING SEPTEMBER 12th, ANY STUDENTS WITHOUT A PROCESSED APPLICATION WILL HAVE THEIR MEAL STATUS CHANGED TO NORMAL PAY.

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION CALL RACHEL SHELTON AT 931-289-4148 OR EMAIL rshelton@houstonk12tn.net.

Parent Name: _____

Student Name	School

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Privacy Act Statement

This explains how we will use the information you give us. 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.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Houston County School District. The application must be filled out completely to certify your children for free or reduced-price school meals.

Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Houston County Board of Education, Rachel Shelton, 931.289.4148, rshelton@houstonk12tn.net.

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

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, or runaway youth;
- Students attending Houston County School System, regardless of age.

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *Is the child a student in Houston County Schools?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Houston County Schools.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Circle 'YES' and provide a case number for SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: Tennessee Department of Human Services. You must provide a case number on your application if you circled "YES".
- Skip to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income? Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wages.
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor's Benefits 	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> • Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

B) List Adult Household member's name. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all GROSS income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are 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.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. 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.

E) Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals.

G) Provide the last four digits of your Social Security Number. The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#."

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

STEP 1 List ALL Household Members who are **infants, children, and students** up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household member: "Anyone who is a living with you and shares income and expenses, even if not related" Children in Foster care and children who met the definition of Homeless, migrant or runaway are eligible for free meals. Read How to apply for Free and Reduced Price Meals for more information.	Child's First Name	MI	Child's Last Name	Student		Foster	Homeless, Migrant, Runaway
				Yes	No	Check box for all that apply	

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or FAMILIES FIRST? **Circle one YES/NO**

IF you answered NO – Complete STEP 3. *IF you answered YES* – write case number here then go to step 4 (Do not complete STEP 3)

Case Number ➔

(Case numbers are generally 10 digits beginning with 0)

STEP 3 Report income for ALL Household Members (skip this step if you answered "YES" to STEP 2)

Please read **How to apply for Free and Reduced-Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. CHILD INCOME – sometimes children in the household earn income. Please include the TOTAL income earned by all household members listed in STEP 1 here.

Child Income	How often			
\$	Weekly	Bi-weekly	2x monthly	Monthly

B. All Adult Household Members (including yourself) List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each additional member listed, if they do not receive income, report total income for each source in whole dollars only. 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.

W= WEEKLY - BW= BI-WEEKLY 2XM=2 TIMES PER MONTH M= MONTHLY	GROSS Earnings from work				Public Assistance, Child Support, Alimony				Pensions, Retirement, All Other Income			
	Amount in Whole Dollars Only		How Often (Please circle)		Amount in Whole Dollars Only		How Often (Please circle)		Amount in Whole Dollars Only		How Often (Please circle)	
	W	BW	2XM	M	W	BW	2XM	M	W	BW	2XM	M
Adult Household Members												

Total Household members Last 4 digits of SS# Check if no SSN

STEP 4 Contact information and adult signature below ↓

*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 the applicable State and Federal laws."

Street Address (if available)	City	State	Zip	Daytime phone and email (optional)
Signature of adult completing the form		Printed name of adult completing the form		Today's date



OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

ETHNICITY (check one)		RACE (check one or more)			
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Not Hispanic or Latino	<input type="checkbox"/>	Asian	<input type="checkbox"/>	White
<input type="checkbox"/>		<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Houston County Schools** offers healthy meals every school day. **Breakfast is FREE to all students**; lunch costs **\$2.00 for K-5, \$2.25 for 6-8 and, \$2.50 for 9-12**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.40** for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from TN SNAP or **Families First**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart. Please review the eligibility income minimum as it has increased.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-2023

Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional	8,732	728	364	336	168

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call **Houston County Board of Education, Mark Beal, 931-289-4148** or e-mail bealm@houstonk12tn.net.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required

information. Return the completed application to: **Rachel Shelton, 6420 Hwy 13, Erin, TN 37061. 931.289.4148.**
rshelton@houstonk12tn.net.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Rachel Shelton, 6420 Hwy 13, Erin, TN 37061. 931.289.4148.** rshelton@houstonk12tn.net immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <http://www.houston.k12.tn.us> to begin or TO learn more about the online application process. Contact **Rachel Shelton, 6420 Hwy 13, Erin, TN 37061. 931.289.4148.** rshelton@houstonk12tn.net **if you have any questions about the online application.**
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children 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.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Rachel Shelton, 6420 Hwy 13, Erin, TN 37061. 931.289.4148.** rshelton@houstonk12tn.net
11. 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.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Rachel Shelton, 6420 Hwy 13, Erin, TN 37061. 931.289.4148.** rshelton@houstonk12tn.net **to receive a second application.**
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for TN SNAP or other assistance benefits, contact your local assistance office or call 1-866-311-4287.

If you have other questions or need help, call **931.289.4148.**

Sincerely, **Rachel Shelton**