

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Spring Branch ISD** offers healthy meals every school day. Breakfast costs **\$0.75**; lunch costs **\$2.25** for secondary (High School and Jr. High School) and **\$2.00** for elementary level. Your child(ren) 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 or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

Below are some common questions and answers to help you with the application process. Complete only one application for all the students in the household and return the completed application to insert name, address, and phone number. If you have questions about applying for free or reduced-price meals, contact **phone 713-251-1150, or email [cns@springbranchisd.com](mailto:cns@springbranchisd.com)**, if appropriate.

**1. Who can get free or reduced price meals?**

- **Income**—Children can get free or reduced-price 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

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	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
For each additional family member add:					
	+ \$8,732	+ \$728	+ \$364	+ \$336	+ \$168

free meals.

- **Head Start or Early Head Start**—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 or email insert homeless liaison and migrant coordinator information.
- **WIC Recipient**—Children in households participating in WIC may be eligible for free or reduced-price

**2. What If I Disagree with the School's Decision About My Application?** Talk to child nutrition officials. You also may ask for a hearing by calling or writing to Michael Francis, Director at 1031 Witte Rd. Bldg T2A, phone 713-251-1150, or email [cns@springbranchisd.com](mailto:cns@springbranchisd.com)

**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. Send in a new application unless the school has told you that your child is eligible for the new school year.

**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 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](http://www.schoolcafe.com) to begin or to learn more about the online application process. Contact Michelle Dickson, Program Supervisor at 1031 Witte Rd. Bldg T2A, phone 713-251-1150, or email [cns@springbranchisd.com](mailto:cns@springbranchisd.com) if you have questions about the online application.**

If you have other questions or need help, Michelle Dickson, Program Supervisor at 1031 Witte Rd. Bldg T2A, phone 713-251-1150, or email [cns@springbranchisd.com](mailto:cns@springbranchisd.com). Si necesita ayuda, por favor llame al teléfono: Michelle Dickson, Program Supervisor at 1031 Witte Rd. Bldg T2A, phone 713-251-1150, or email [cns@springbranchisd.com](mailto:cns@springbranchisd.com).

If you have other questions or need help, call **713-251-1150**.

Sincerely,

**Michael Francis, Director, Child Nutrition Services**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

# 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 **Spring Branch ISD**. 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 **Child Nutrition Services, 713-251-1150 or [cns@springbranchisd.com](mailto:cns@springbranchisd.com)**.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION 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 application, 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.

- List each student's name.** Print each child's 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.
- Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- Are any children homeless, migrant, runaway, or Head Start?** If you believe any child listed in this section meets this description, mark the corresponding 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: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDIR)?

- 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 application.**
- IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the Eligibility Determination Group (EDG) Number.** You only need to write one EDG number. If you participate in one of these programs and do not know your EDG number, contact <https://texas-benefits.org>. You must provide an EDG number on your application if you circled "YES". **Skip to STEP 4.**

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

- REPORT CHILD INCOME** Please list the Total income received by all children listed in Step 1.
- LIST ALL ADULT HOUSEHOLD MEMBERS** 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** people who live with you but are not supported by your household's income AND do not contribute income to your household.
- 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 application 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.
- 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 household members listed in 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 affects your eligibility for free and reduced price meals.
- PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** The household's primary wage earner or another adult household member must provide the last four digits of his/her 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 SSN."

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**All applications must be signed by an adult member of the household.** By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements at the bottom of these instructions.**

- PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- 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."
- WRITE TODAY'S DATE.** In the space provided, write today's date in the box.
- SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

### 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 (FDIR) case number or other FDIR 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.

### Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**Spring Branch ISD**  
**2022 - 2023 Application for Free and Reduced Price Meals**  
 Complete one application per household. Please use a pen (not a pencil).

Apply online at  
<https://schoolcafe.com>

**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	Foster	Homeless	Migrant	Runaway	Head Start
					Y	N						

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) 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)

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.

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

	Child Income				How Often?				
	W	E	T	M	W	E	T	M	
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in Step 1 here.									

B. 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		

Total Household Size \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of  
 Primary Wage Earner or Another Adult Household Member \*\*\* - \*\* - \_\_\_\_\_

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 X _____	Today's Date M M D D Y Y _____
Street Address (if available) _____	City _____	State ZIP Code T X _____
Home Phone Number _____	Work Phone Number _____	Email _____

**OPTIONAL — Children's Racial and Ethnic Identities**

**Ethnicity (check one):**

- Hispanic or Latino  
 Not Hispanic or Latino

**Race (check one or more):**

- American Indian or Alaskan Native  Black or African American  
 Asian  Native Hawaiian or Other Pacific Islander  White



4993

Return this application to Child Nutrition Services, 1031 Witte Rd. Bldg. T2A, Houston, TX 77055, or to your child's school.

**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	Foster	Homeless	Migrant	Runaway	Head Start
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						
					Y	N						

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

**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
		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		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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.