

Media Release for Free and Reduced-Price Meals Sample

Cedar Hill ISD announced its policy today for providing free and reduced-price meals for children served under the attached current income eligibility guidelines. Each school/site or the central office has a copy of the policy, which may be reviewed by anyone on request.

Starting on *August 1, 2019 Cedar Hill ISD* will begin distributing letters to the households of the children in the district about eligibility benefits and any actions households need to take to apply for these benefits. Applications also are available at *202 East Beltline Road, Cedar Hill, Texas* and each district campus office.

Criteria for Free and Reduced-Price Meal Benefits

The following criteria will be used to determine a child's eligibility for free or reduced-price meal benefits:

Income

1. Household income that is at or below the income eligibility levels

Categorical or Automatic Eligibility

2. Household receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF); or Food Distribution Program on Indian Reservations (FDPIR)

Program Participant

3. Child's status as a foster child, homeless, runaway, migrant, or displaced by a declared disaster
4. Child's enrollment in Head Start or Even Start

Income Eligibility

For those households that qualify for free or reduced-price meals based on income, an adult in the household must fill out free and reduced-price meal application and return it to *Beth Gressett, CN Admin Secretary, 202 East Beltline Road, Cedar Hill, TX 972.291.1581 x4095*. Those individuals filling out the application will need to provide the following information:

1. Names of all household members
2. Amount, frequency, and source of current income for each household member
3. Last 4 digits of the Social Security number of the adult household member who signs the application or, if the adult does not have a social security number, check the box for "No Social Security number"
4. Signature of an adult household member attesting that the information provided is correct

Categorical or Program Eligibility

Cedar Hill ISD is working with local agencies to identify all children who are categorically and program

eligible. Cedar Hill ISD will notify the households of these children that they do not need to complete an application. Any household that does not receive a letter and feels it should have should contact *Beth Gressett, CN Admin Secretary, 202 East Beltline Road, Cedar Hill, TX 972.291.1581 x4095.*

Any household that wishes to decline benefits should contact *Beth Gressett, CN Admin Secretary, 202 East Beltline Road, Cedar Hill, TX 972.291.1581 x4095.*

Applications may be submitted anytime during the school year. The information households provide on the application will be used for the purpose of determining eligibility. Applications may also be verified by the school officials at any time during the school year.

Determining Eligibility

Under the provisions of the free and reduced-price meal policy, *Beth Gressett, CN Admin Secretary*, will review applications and determine eligibility. Households or guardians dissatisfied with the Reviewing Official's eligibility determination may wish to discuss the decision with the Reviewing Official on an informal basis. Households wishing to make a formal appeal for a hearing on the decision may make a request either orally or in writing to *Deputy Superintendent, 285 Uptown Blvd Building 300, Cedar Hill, TX 972.291.1581.*

Unexpected Circumstances

If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the attached current income eligibility guidelines.

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.

Income Eligibility Guidelines for Determining Free and Reduced Price Benefits

Effective from July 1, 2019 to June 30, 2020

Family Size	Annually		Monthly		Twice per Month		Every Two Weeks		Weekly	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$16,237	\$23,107	\$1,354	\$1,926	\$677	\$963	\$625	\$889	\$313	\$445
2	\$21,983	\$31,284	\$1,832	\$2,607	\$916	\$1,304	\$846	\$1,204	\$423	\$602
3	\$27,729	\$39,461	\$2,311	\$3,289	\$1,156	\$1,645	\$1,067	\$1,518	\$534	\$759
4	\$33,475	\$47,638	\$2,790	\$3,970	\$1,395	\$1,985	\$1,288	\$1,833	\$644	\$917
5	\$39,221	\$55,815	\$3,269	\$4,652	\$1,635	\$2,326	\$1,509	\$2,147	\$755	\$1,074
6	\$44,967	\$63,992	\$3,748	\$5,333	\$1,874	\$2,667	\$1,730	\$2,462	\$865	\$1,231
7	\$50,713	\$72,169	\$4,227	\$6,015	\$2,114	\$3,008	\$1,951	\$2,776	\$976	\$1,388
8	\$56,459	\$80,346	\$4,705	\$6,696	\$2,353	\$3,348	\$2,172	\$3,091	\$1,086	\$1,546
9	\$62,205	\$88,523	\$5,184	\$7,378	\$2,593	\$3,689	\$2,393	\$3,406	\$1,197	\$1,704
10	\$67,951	\$96,700	\$5,663	\$8,060	\$2,833	\$4,030	\$2,614	\$3,721	\$1,308	\$1,862
11	\$73,697	\$104,877	\$6,142	\$8,742	\$3,073	\$4,371	\$2,835	\$4,036	\$1,419	\$2,020
12	\$79,443	\$113,054	\$6,621	\$9,424	\$3,313	\$4,712	\$3,056	\$4,351	\$1,530	\$2,178
<i>For each additional family member add:</i>										
	+\$5,746	+\$8,177	+\$479	+\$682	+\$240	+\$341	+\$221	+\$315	+\$111	+\$158

CEDAR HILL ISD, 2019-2020 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

This Box for School Use Only.
Date Withdrawn:

Complete one application per household. Please use a pen (not a pencil). www.chisd.net

Step 1: Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related. Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.*

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name. First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.					
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway	
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Participation in a Categorical Program

* If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.

* SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?

If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space _____ skip Step 2, and complete Step 3.
If Yes to FDPIR, check this box skip Step 2, and complete Step 3.

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX - - - Check if no SSN

B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Public Assistance/Child Support/Alimony (Enter Amount)		Pensions/Retirement/Social Security/Supplemental (Enter Amount)		All Other (Enter Amount)		Frequency (Circle One)
	Work Earnings (Enter Amount)	Support/Alimony (Enter Amount)	Security Income (Enter Amount)	Frequency (Circle One)	Frequency (Circle One)	Frequency (Circle One)	
1. \$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2. \$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3. \$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

D. Total Household Members (Count all children & adults living in the household)

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to 202 East Beltline Road, Cedar Hill, TX 75104, and/or return to your child's school.

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.

Street Address/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____
 Printed Name of Adult Household Member Signing the Form _____ Signature of Adult Household Member Signing the Form _____ Today's Date _____

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.

First Name	MI	Last Name	Student Attends School in District?	Yes	No	Grade	Optional: Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway
5.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

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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Do Not Fill Out This Part. This Is For School Use Only.

Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Monthly x 12

Household Size: _____ Total Income: _____

Confirming Official's Signature/Date _____

Date Received: _____

Categorical Determination: Free Reduced Denied

Eligibility: Free Reduced Denied

Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Monthly x 12

Monthly Annually

Weekly Every 2 Weeks Twice a Month

Confirming Official's Signature/Date _____