

Port Neches-Groves ISD

Dear Parent/Guardian:

Children need healthy meals to learn. Port Neches-Groves ISD offers healthy meals every school day. Breakfast costs PK-5th \$1.75, 6-12th \$2.00; lunch costs PK-2nd \$2.60, 3-5th \$2.90, 6-12th \$3.25. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$.30 for breakfast and \$.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.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to Melissa Nunnelly, 776 Magnolia Ave., Port Neches, TX 77651, (409) 722-4244. If you have questions about applying for free or reduced-price meals, contact (409) 722-4244, mnunnelly@pngisd.org.

1. Who Can Get Free 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 (FDPPIR), 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 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 Brian Waguespack, (409) 722-5924 bwaguespack@pngisd.org, or Staci Gary (409) 722-4244 sgary@pngisd.org.
- **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?

Talk to school officials. You also may ask for a hearing by calling or writing to Julie Gauthier, 776 Magnolia Ave, Port Neches, TX 77651, (409) 722-4244, gauthier@pngisd.org.

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 [insert website] to begin or to learn more about the online application process. Contact Melissa Nunnelly, 776 Magnolia Ave., Port Neches, TX 77651, (409) 722-4244, mnunnelly@pngisd.org if you have questions about the online application.

If you have other questions or need help, call Melissa Nunnelly, (409) 722-4244.

Sincerely,

Melissa Nunnelly

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, audiotope, 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/ad-3027.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: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

2023-2024 Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

Return to:

or Apply Online:

Port Neches-Groves ISD

773 Magnolia Ave, Port Neches, TX 77651

www.pngisd.org

STEP 1 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.

Definition of Household Member:
"Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster Care, Head Start, and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Read the directions for more information.

Child's First Name	MI	Child's Last Name

Student?	Grade	
	Yes	No
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

Check any that apply	Head Start	Foster Child	Homeless, Migrant, Runaway
	<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 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO → Go to STEP 3 If YES → Write the Eligibility Determination Group (EDG, n/a for FDIPIR) number here, then go to STEP 4 (do not complete STEP 3).

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

XXX-XX-XXXX Check if no SSN ☐

EDG Number

A. Last four digits of Social Security Number (SSN) of an Adult Household Member

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 gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: 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. If more spaces are needed, use the Additional Names section on the back.

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/ Child Support/Alimony	Frequency					Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Income for Children in the Household

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.

Total Child Income \$

D. Total Household Members (Children & Adults)

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."

Street address (if available)	Apt #	City	State	Zip code	Daytime phone and email (optional)
Printed name of adult signing the form				Signature of adult	Today's date

ADDITIONAL NAMES

List any additional child household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name

Student?	Yes	No
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

Grade	

Check any that apply	Head Start	Foster Child	Homeless, Migrant, Runaway
	<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"/>

List any additional adult household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/ Child Support/Alimony	Frequency					Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency					
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A	
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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, 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 (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.

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DO NOT COMPLETE. This section for school use only.

Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Household Size	Total Income	Frequency	Date Received	Date Withdrawn
		W E T M A		
		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Categorical Determination	Eligibility	Free Reduced Denied	Reviewing/Determining Official's Signature	Date
		<input type="radio"/> <input type="radio"/> <input type="radio"/>		
			Confirming Official's Signature	Date