

**CARROLL INDEPENDENT SCHOOL DISTRICT, Southlake, TX 76092 2024-25 School Year**

Dear Parent/Guardian: A NEW APPLICATION AND SUPPORTING DOCUMENTATION IS REQUIRED AT THE BEGINNING OF EACH SCHOOL YEAR. (Income or from Assistance Benefits)

Children need healthy meals to learn. **Children may qualify for free meals or reduced-price meals.** Carroll ISD provides one free/reduced lunch daily per eligible student. The following questions and answers will provide information about the Free and Reduced-Price Meal Program.

1. **Do I need to fill out an application for each child?**  
No. Complete one application to apply for free or reduced-price meals for all children in the household. We cannot approve an incomplete application, so be sure to fill out all required information and include supporting documentation. Return the completed application to **Child Nutrition, 2400 N. Carroll Ave., Southlake, TX 76092 (817-949-8240).**
2. **Who can get free meals?**
  - **Income**—Children can get free or reduced-price meals if a household's **gross income** (total, without deductions) is within the limits described in the *Federal Income Eligibility Guidelines*.
  - **Special Program Participants**—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program 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 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, please call Stacie Bonnor 817-949-7052
  - **WIC Recipient** – Children in households participating in WIC may be eligible for free or reduced-price meals.
3. **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 Brian Nickel Carroll ISD Administration Bldg. 2400 N. Carroll Ave, Southlake, TX 76092, (817) 949-8215.
4. **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.
5. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Carefully read the letter you received and follow the instructions. Call the Child Nutrition office if you have questions.
6. **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 or reduced-price meals if the household income drops below the income limit.
7. **What if my income is not always the same?** List the amount normally received. If you normally get overtime pay, include it. If a household member lost a job or had hours/wages reduced, use current income.
8. **We are in the military. Do we report our income differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowance for off-base housing, food, 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.
9. **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.
10. **Will Application Information be checked?** Yes. You will be asked to send written proof of the reported household income.
11. **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.
12. **Whom should I include as members of my household?** You must include yourself as well as others living in your household who share income and expenses related to you or not (grandparents, other relatives, or friends). You must include yourself and all children living with you. Do not include others who live with you who are economically independent; that is anyone you do not support, who does not share income with you, and does pay a pro-rated share of expenses.

If you have other questions or need help, call: **Child Nutrition** at 817-949-8240. Si necesita ayuda, por favor llame al teléfono: Child Nutrition at 817-949-8240.

## **DOCUMENTATION VERIFYING INCOME OR SNAP ASSISTANCE MUST ACCOMPANY APPLICATION**

### **Free and Reduced Price School Meals Application for 2024–2025**

#### **More Information on How to Report Income on the Application (Supporting documentation to accompany application)**

- Gross Income—Record the amount earned income before taxes and other deductions.
- How Often Income Is Received—Record type and frequency of income received for the month—weekly, every 2 weeks, twice a month, or monthly. Total income without deductions (not the take-home pay). You should be able to find this information on your paystub or ask your employer.
- All Other Income—Record Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income.

Do not include income from SNAP, FDPIR, WIC, federal education benefits, and foster payments received from the placing agency.

For the self-employed ONLY, under *Earnings from Work Before Deductions*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

#### **Application Instructions**

<i>Not everyone has to complete every part of the application. The following table lists the parts of the application you must complete based on household circumstances.</i>	
Your household receives any of the following benefits: <ul style="list-style-type: none"><li>– Supplemental Nutrition Assistance Program (SNAP),</li><li>– Temporary Assistance for Needy Families (TANF), or</li><li>– Food Distribution Program on Indian Reservations (FDPIR)</li></ul>	Complete Steps 1 and 3. (the last 4 digits of the Social Security number are not required)  <b>VERIFICATION DOCUMENT REQUIRED</b>
Any child in your household has been identified as <ul style="list-style-type: none"><li>– Head Start</li><li>– homeless,</li><li>– migrant, or</li><li>– runaway,</li></ul> but no one in the household receives state SNAP or TANF benefits.	Complete Steps 1 and 3.
All children in the home are foster children placed by a foster care agency or court.	Complete Steps 1 and 3. ( last 4 digits of Social Security number not required )
Some of the children in the home are foster children placed by a foster care agency or court.	Complete Steps 1, 2 if applies, and 3.
The household receives WIC. <b>VERIFICATION DOCUMENT REQUIRED</b>	Complete Steps 1, 2, and 3.
All other households. <b>VERIFICATION DOCUMENT REQUIRED</b>	Complete Steps 1, 2, and 3.
Your household has no income	Request Affidavit of No Income to complete

Send/give the completed application to Rachelle Moody, Carroll Independent School District, 2400 N. Carroll Ave., Southlake, TX 76092

**You may also scan the application page with supporting documentation and email it to**

**[RACHELLE.MOODY@southlakecarroll.edu](mailto:RACHELLE.MOODY@southlakecarroll.edu)**

## Multi-Child Free and Reduced Price School Meals Application for 2024-2025

**Step 1: 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, Middle Initial, Last) Including infants, children, and students up to Grade 12.	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"/>
2.	<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"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

**B. Benefits: Please read the directions for more information on the following questions.**

- **If every child** listed in Step 1 is a participant in 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: 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. Income for ALL Household Members** (Include Yourself) **Attach supporting documentation for all income listed.**

**B.** List all Household Members **receiving income** and **all Adults even if they do not receive income**. For each Household Member listed, report total income (without deductions) for each source. 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', attach an Affidavit of No Income.**

First/Last Name	Work Earnings	Public Assistance/Child Support/Alimony	Pensions/Retirement/Social Security/Supplemental Security Income	All Other Income
	(Enter Amount/ Frequency)	(Enter Amount/ Frequency)	(Enter Amount/ Frequency)	(Enter Amount/ Frequency)
1.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**Step 3: Provide Contact Information, Adult Signature, and Last Four Digits of Social Security Number.** **If Step 2 is completed**, the adult signing this form must provide the last four digits of his/her Social Security number or mark the box in front of "I do not have a Social Security number."

*I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials 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.*

Sign Here: \_\_\_\_\_ Print Name Here: \_\_\_\_\_  
 Date: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last Four Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_\_ ☐ I do not have a Social Security number.

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

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 | Twice a Month x 24 | Monthly x 12

Total Income: \_\_\_\_\_ Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Annually ☐ Household Size: \_\_\_\_\_

Categorical Eligibility: ☐ Eligibility: Free ☐ Reduced ☐ Denied ☐

Date Received: \_\_\_\_\_

Reviewing/Determining Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Step 1: A. Additional Names									
List each child's name. (First, Middle Initial, Last) Including infants, children and students up to Grade 12.	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
	Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
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"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<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				
A. <u>Income for ALL Household Members</u> (Include Yourself) <b>Attach supporting documentation for all income listed.</b>				
B. List all Household Members <b>receiving income</b> and all Adults <b>even if they do not receive income</b> . For each Household Member listed, report total income (without deductions) for each source. <u>Indicate</u> the frequency of income: <b>W</b> =Weekly, <b>E</b> =Every 2 Weeks, <b>T</b> =Twice Per Month, <b>M</b> =Monthly, <b>A</b> =Annually. If they do not receive income from any source, write '0.' <b>If you enter '0', attach an Affidavit of No Income.</b>				
First/Last Name	Work Earnings	Public Assistance/Child Support/Alimony	Pensions/Retirement/Social Security/Supplemental Security Income	All Other Income
	(Enter Amount/ Frequency)	(Enter Amount/ Frequency)	(Enter Amount/ Frequency)	(Enter Amount/ Frequency)
8.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____
9.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____
10.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____
11.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____
12.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____
13.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____
14.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____

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 are 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 the 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, 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:

<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Effective July 1, 2024 – June 30, 2025

Household Size	Total Income									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$19,578	\$27,861	\$1,632	\$2,322	\$816	\$1,161	\$753	\$1,072	\$377	\$536
2	\$26,572	\$37,814	\$2,215	\$3,152	\$1,108	\$1,576	\$1,022	\$1,455	\$511	\$728
3	\$33,566	\$47,767	\$2,798	\$3,981	\$1,399	\$1,991	\$1,291	\$1,838	\$646	\$919
4	\$40,560	\$57,720	\$3,380	\$4,810	\$1,690	\$2,405	\$1,560	\$2,220	\$780	\$1,110
5	\$47,554	\$67,673	\$3,963	\$5,640	\$1,982	\$2,820	\$1,829	\$2,603	\$915	\$1,302
6	\$54,548	\$77,626	\$4,546	\$6,469	\$2,273	\$3,235	\$2,098	\$2,986	\$1,049	\$1,493
7	\$61,542	\$87,579	\$5,129	\$7,299	\$2,565	\$3,650	\$2,367	\$3,369	\$1,184	\$1,685
8	\$68,536	\$97,532	\$5,712	\$8,128	\$2,856	\$4,064	\$2,636	\$3,752	\$1,318	\$1,876
For each additional family member, add	+\$6,994	+\$9,953	+\$583	+\$830	+\$292	+\$415	+\$269	+\$383	+\$135	+\$192

*These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2024 – June 30, 2025.*

C A R R O L L I N D E P E N D E N T S C H O O L D I S T R I C T

## AFFIDAVIT OF NO INCOME

**INSTRUCTIONS:** Complete the information below if you indicate eligibility based on “NO INCOME” on the “Multi-Child Free and Reduced Price School Meals Application” for the current school year.

STUDENT NAME: <i>First</i> <i>Middle</i> <i>Last</i>			STUDENT ID #:	
DATE OF BIRTH: (mm/dd/yyyy)	AGE AS OF SEPT 1:		GRADE LEVEL:	CAMPUS:

PARENT/LEGAL GUARDIAN NAME: <i>First</i> <i>Middle</i> <i>Last</i>			DATE OF BIRTH: (mm/dd/yyyy)
SOCIAL SECURITY #	DRIVER'S LICENSE/STATE ID#	NAME OF PREVIOUS PLACE OF EMPLOYMENT	LAST DATE OF EMPLOYMENT
NAME OF PREVIOUS SUPERVISOR/BOSS: <i>First</i> <i>Last</i>			PHONE # OF PREVIOUS EMPLOYER

This is to verify that I am currently unemployed and that I and my child(ren) do not receive any type of monetary income or government assistance benefits at this time, due to the following reasons/circumstances (check all that apply):

- ☐ I have NEVER been employed

☐ Lack of work/unable to find work

☐ Unemployment benefits terminated/not eligible

☐ Divorce/Separation from main financial provider

☐ Natural Disaster

☐ Serious/Terminal Illness

☐ Other \_\_\_\_\_

Enrolling Parent/Legal Guardian must write a detailed explanation of how the family meets basic needs (who is currently supporting you and your child(ren), frequency of the support, in what manner – room and board, food, etc).

Please print statement below:

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**PARENT/LEGAL GUARDIAN AFFIRMATION**

I certify that this information is true. If any part is false, I understand that my child's participation in the Carroll ISD programs will be terminated and I will be subject to legal action under applicable state and federal laws (Penal Code 37.10 & TEC 25.001). I also understand that this information will be held in the strictest confidence with the school district.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator or Authorized Designee

\_\_\_\_\_  
Date