

## 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 **School Nutrition Services, 713-251-1150 or [sns@springbranchisd.com](mailto:sns@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 THE HOUSEHOLD.

Tell us how many children 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.
- A) **List the student's district assigned ID number if available.**  
B) **List each child'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.  
C) **List the child's date of birth mm/dd/yy**  
D) **Check Y or N to indicate if the child is a student in Spring Branch ISD.**  
E) **List the student's school if they are enrolled in a Spring Branch ISD school.**  
F) **Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant or runaway. (checking foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, Skip Step 2 and 3, and complete step 4**

### 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 (FDPIR)?

- A) **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.  
B) **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.

- A) **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.
- B) **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."
- C) **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.
- D) **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.
- E) **REPORT CHILD INCOME** Please list the Total income received by all children listed in Step 1.

### 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.**

- A) **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.
- B) **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."
- C) **WRITE TODAY'S DATE.** In the space provided, write today's date in the box.
- D) **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.

Adult Income Information Box	
<b>Earnings from Work</b>	
General Types of Income	
▪ Salary, wages, cash bonuses	
▪ Strike benefits	
U.S. Military	
▪ Allowances for off-base housing, food, and clothing	
▪ Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)	
Self-Employed Worker	
▪ Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.	
<b>Public Assistance/ Child Support/Alimony</b> (Do not report the value of any cash value public assistance benefits NOT listed on the chart.)	
▪ Alimony payments	
▪ Cash assistance from State or local government	
▪ Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as other income in the next part.	
▪ Unemployment benefits	
▪ Worker's compensation	
<b>Pensions/Retirement/ Supplemental Security Income (SSI)</b>	
▪ Annuities	
▪ Income from trusts or estates	
▪ Private Pensions or disability	
▪ Social Security (including railroad retirement and black lung benefits)	
▪ Supplemental Security Income (SSI)	
▪ Veteran's benefits	
<b>All Other Income</b>	
▪ Earned interest	
▪ Investment income	
▪ Regular cash payments from outside household	
▪ Rental income	
<b>Child's Income Information</b>	
<b>Earnings from Work</b> For Example: A child has a job where she or he earns a salary or wages.	
<b>Social Security, Disability Payments</b> For Example: A child is blind or disabled and receives Social Security benefits.	
<b>Social Security, Survivor's Benefits</b> For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.	
<b>Income from any other source</b> For Example: A child receives income from a private pension fund, annuity, or trust	

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/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 **mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax**: (833) 256-1665 or (202) 690-7442; or **email**: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)  
This institution is an equal opportunity provider.

**Spring Branch ISD**  
**2024 - 2025 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				
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 FDIPIR? **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.

Total Household Size

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

\*\*\* - \*\* -

Check if no SSN

A. 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	A		W	E	T	M	A		W	E	T	M	A
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A

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

Child Income

How Often?

W E T M A

A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in Step 1 here.

W E T M A

**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

Today's Date

X

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



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