San Angelo Independent School District
2026-27 School Year

Apply for Free and Reduced-Price Meal Benefits

Apply Online at:

www.schoolcafe.com

Fast, Easy, Private, Safe and Secure
Quick Processing Time

If you apply online – DO NOT complete a paper application

- **You must complete a new Free and Reduced-Price Meal Application each school year**
- **If needed, paper applications are available at your school office, Child Nutrition Office at 305 Baker Street or you may print one from our website at www.saisd.org**
- **If you choose to complete a paper application, return it to your school office or Child Nutrition Office, 305 Baker Street, or fax to 325-658-4353.**
- **If you need additional assistance, please email Kelly Graf at Kelly.Graf@saisd.org or call the Child Nutrition office at 325-659-3615**

This institution is an equal opportunity provider

San Angelo Independent School District 2026-27

Dear Parent/Guardian:

Children need healthy meals to learn. San Angelo ISD offers healthy meals every school day. Breakfast costs **FREE***;* lunch costs **$3.25 at the Elementary Schools and $3.50 at the Secondary Schools** **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **FREE at all SAISD campuses** for breakfast and **FREE at all SAISD campuses** 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 **Kelly Graf, 305 Baker St., San Angelo, TX 76903, 325-659-3615**. If you have questions about applying for free or reduced-price meals, contact **Kelly Graf at 325-659-3615 ext. 103 or email kelly.graf@saisd.org. Applying online is the quickest and easiest method.**

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 (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 or you feel a child may qualify for one of these programs, please call or email **Diana Felts, Director of Federal Programs, (325) 947-3838 ext. 798, diana.felts@saisd.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 **Dr. Merl Brandon, Asst. Sup of Business, 1621 University Ave., 325-947-3838, merl.brandon@saisd.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 [**www.schoolcafe.com**] to begin or to learn more about the online application process. Contact [[**Kelly Graf, 305 Baker St, San Angelo, TX 76903, 325-659-3615 ext. 103, kelly.graf@saisd.org**] if you have questions about the online application.

If you have other questions or need help, call **Kelly Graf 325-659-3615 ext. 103**.

Sincerely,

Kelly Graff, Reviewing Official

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, 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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: *Program.Intake@usda.gov*. This institution is an equal opportunity provider.

Instructions for Applying for Free and Reduced-Price School Meals

San Angelo Independent School District
325-659-3615
305 Baker Street
San Angelo, Tx 76903

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in the school district. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved**. Please contact the school district with your questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.
  - Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.
  - Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.
- Mark the box following the child's name to show if the child is a student in the school district.
- Record the child's grade if the child is in school.
- 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 Steps 2-3, and complete Step 4.

Step 2: Participating in a Categorical Eligibility Program

- Do any household members (including you) currently participate in SNAP, TANF, and/or FDPIR?
  - If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF), record the Eligibility Determination Group (EDG) number in the space.
  - If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), circle YES to indicate participation. The school district will contact you to obtain documentation of FDPIR participation.
- If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Steps 3, and complete Step 4.
- If any children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Steps 3 and complete Step 4.

Step 3: Report Income for All Household Members

Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN. *A social security number is not required to apply for these programs.*

Part B. Income for All Adult Household Members (including yourself)

- Record the first and last name of each adult in the household in the space provided.
  - If there are more adults in the household than available spaces, use the back of the application.
  - Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.
- Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/ Retirement/Social Security/Supplemental Security Income (SSI); and All Other.
  - Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box (next page) provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.
  - Write a 0 in any field where there is no income to report. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.
    - Select how often each type of income is received (frequency).
      W = Weekly, E = Every 2 Weeks, T = Twice per Month, M = Monthly, A = Annually

Adult Income Information

Earnings from Work

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.

Public Assistance/ Child Support/Alimony

(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

Pensions/Retirement/ Supplemental Security Income (SSI)
- 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

All Other Income
- Earned interest
- Investment income
- Regular cash payments from outside household
- Rental income

Part C. Income for Children in the Household

- Record total income **for all children in the household who receive regular income** by how often income is received (frequency). *The Child Income Information Box (below) provides additional information on the types of income that needs to be reported for children in the household.*
- Do not annualize income to determine eligibility unless more than one income frequency is listed.
  Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12.

Child Income Information

Earnings from Work
For Example: A child has a job where she or he earns a salary or wages.

Social Security, Disability Payments
For Example: A child is blind or disabled and receives Social Security benefits.

Social Security, Survivor's Benefits
For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

Income from any other source
For Example: A child receives income from a private pension fund, annuity, or trust.

Part D. Total Household Members

- Record the total number of children and adults in the household in the appropriate box. This number MUST be equal to the number of household members listed in Step 1 and Step 3. It is very important to list all household members as the size of the household determines the household eligibility.

Step 4: Provide Contact Information and Adult Signature

- Read the certification statement.
- Write your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. *If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.*
- Print the name of the adult signing the form, sign the form, and record today's date in the appropriate spaces.
- All applications must be signed by an adult household member. *By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.*

MUTLI-USE APPLICATION – **Step 5 (Optional):** Sharing Information with Other Programs

- *Completing this section will not change whether your children are eligible for free and reduced-price meals.*
- To provide your permission to share household information provided on the application with other programs, you MUST select/circle the program(s) or benefit(s) from the list.

NONPUBLIC SCHOOL APPLICATION **– Step 5 (Optional):** Race and Ethnicity

- *Completing this section is optional and does not affect your children's eligibility for free or reduced-price meals.*
- Select the child's ethnicity (select only one option)
- Select the child's race (select all that apply)

Return the Application

- Return the application to the mailing address listed on page 1.

*The **income eligibility guidelines** (right) are based on 185% (reduced) of the federal poverty guidelines and are effective July 1, 2026 – June 30, 2027.*

Income Eligibility Guidelines

Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	$29,526	$2,461	$1,231	$1,136	$568
2	$40,034	$3,337	$1,669	$1,540	$770
3	$50,542	$4,212	$2,106	$1,944	$972
4	$61,050	$5,088	$2,544	$2,349	$1,175
5	$71,558	$5,964	$2,982	$2,753	$1,377
6	$82,066	$6,839	$3,420	$3,157	$1,579
7	$92,574	$7,715	$3,858	$3,561	$1,781
8	$103,082	$8,591	$4,296	$3,965	$1,983
For each add. person, add	$10,508	$876	$438	$405	$203

SAN ANGELO INDEPENDENT SCHOOL DISTRICT 305 Baker St., San Angelo TX 76903

2026-2027 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A BLACK or BLUE PEN (not a pencil). Apply online at: www.schoolcafe.com

☐ ***Check this box if you do not wish to apply for benefits. Sign at the bottom and return.***

This Box For School Use Only.
App #
Status

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are needed, use additional names section on the back.)

Definition of Household Member: "Anyone who is living with you, and share 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. Please read directions for more information.

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 skip Step 3, complete Step 4.

List Each Child's Name.

Legal First Name	MI	Legal Last Name	Birthdate MM/DD/YY	Grade	Student ID #	SAISD Student? Yes	SAISD Student? No	Check all that apply: Foster Child	Check all that apply: Head Start	Check all that apply: Homeless Migrant Runaway
						☐	☐			
						☐	☐			
						☐	☐			
						☐	☐			
						☐	☐			

STEP 2 Participation in a Categorical Program. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR? Check the appropriate box below.

SNAP ☐ TANF ☐ FDPIR ☐

If you DID NOT check one of the boxes to the left, complete Step 3.

If you checked the SNAP/TANF box to the left, write the Eligibility Determination Group (EDG, *n/a for FDPIR*) number here then go to Step 4. (DO NOT complete STEP 3)

EDG Number:

STEP 3 Report Income for ALL Household Members (Skip this step if you checked one of the boxes in Step 2)

A. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.) Please record the TOTAL income by frequency for all child who receives regular income listed in **Step 1**.

Total Child Income $

Fill in Circle for Frequency of the child's income (How Often?): Monthly | Every Other Wk | Annual | Weekly | Twice a Month

B. Income for Adult Household Members (including yourself, but Not Children. If more spaces are needed, add on back of application.)
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 **ONLY - Indicate frequency of income.** If they **DO NOT** receive income from any source, **enter '0'** in the appropriate field. If you enter '0' or leave blank, you are certifying (promising) that there is no income to report.

Please read the directions for more information on completing the following questions and on signing this form.

Name of Adult Household Members (First and Last) Do not include the income of children in this section. The income of children goes in 3A.	Earnings from Work $	Fill in Circle How Often?	Public Assistance, Child Support, Alimony $	Fill in Circle How Often?	Pensions/Retirement/ Social Security/SSI/All Other Income $	Fill in Circle How Often?
	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month
	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month
	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month
	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month
	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month	$	○Monthly | ○Every Other Wk | ○Annual ○Weekly | ○Twice A Month

C. WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE →
(Count all children & adults living in the household)

D. Last Four Digits of Social Security Number (SSN) of an Adult Household Member ***-**-

Check if no SSN ☐

STEP 4 Provide Contact Information and Adult Signature

Return completed form to child's school, Mail to: 305 Baker St, San Angelo, Texas, 76903 or Fax (325) 658-4353, Kelly.Graf@saisd.org

"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."

Address City Zip Daytime Phone

PRINT HERE
Printed Name of Adult Household Member Signing the form

SIGN HERE
Signature of Adult Household Member Signing the Form

Today's Date

Email Address (optional)

Step 1 continued: Additional Names — List ALL Household Members who are infants, children, and students up to and including grade 12

List Each Child's Name.

Legal First Name	MI	Legal Last Name	Birthdate MM	Birthdate DD	Birthdate YY	Grade	Student ID #	SAISD Student? Yes	SAISD Student? No	Check all that apply: Foster Child	Check all that apply: Headstart	Check all that apply: Homeless Migrant Runaway

Step 2 continued: Additional Names — Income for Adult Household Members (Include Yourself, but not children)

Name of Adult Household Members (Include Frist and Last Names)
Do not include the income of children in this section. The income of children goes in section 3A

Earnings from Work	Fill in Circle for How Often	Public Assistance / Child Support / Alimony	Fill in Circle for How Often	Pensions / Retirement / Social Security / SSI / All Other Income	Fill in Circle for How Often
$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month	$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month	$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month
$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month	$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month	$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month
$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month	$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month	$	○Monthly ○Every other wk ○Annual ○Weekly ○Twice a month

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, 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 civ 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, S Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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 | Twice a Month x 24 | Monthly x 12*

Household Size: _____ Total Income: _____

Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Annually ☐

Date Received:

Categorical Determination ☐

Eligibility: Free ☐ Reduced ☐ Denied ☐

Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date	