Instructions for Applying for Free and Reduced-Price School Meals

Liberty Hill ISD
(512) 260- 5574
Childnutrition@libertyhill.txed.net
301 Forrest Street Liberty Hill, TX 78642

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

Multi-Use Application for Free and Reduced-Price School Meals

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

Return to: **Liberty Hill ISD 26-27**
301 Forrest Street Liberty Hill, TX 78642
or Apply Online: childnutrition@libertyhill.txed.net

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? Yes	Student? No	Grade	Check any that apply: Head Start	Foster Child	Homeless, Migrant, Runaway
			○	○				
			○	○				
			○	○				
			○	○				
			○	○				

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If **NO** → Go to STEP 3 If **YES** → 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 answered 'YES' to STEP 2)

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 *(including yourself)*

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 W	E	T	M	A	Public Assistance/ Child Support/Alimony	Frequency W	E	T	M	A	Pensions/Retirement/ Social Security/ SSI/ VA Benefits/All Other	Frequency W	E	T	M	A
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○

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 $ ☐ — Frequency W ○ E ○ T ○ M ○ A ○

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

Updated May 31, 2024

STEP 5 *(Optional)* Sharing Information with Other Programs

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligibility for free or reduced-price meals.

[School must enter program list]

ADDITIONAL NAMES

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

Child's First Name	MI	Child's Last Name	Student? Yes	Student? No	Grade	Check any that apply: Head Start	Foster Child	Homeless, Migrant, Runaway
			○	○				
			○	○				
			○	○				

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 W	E	T	M	A	Public Assistance/ Child Support/Alimony	Frequency W	E	T	M	A	Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency W	E	T	M	A
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○

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 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.

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.

Date Received _____ Date Withdrawn _____

Household Size	Total Income	Frequency W	E	T	M	A
		○	○	○	○	○

Reviewing/Determining Official's Signature _____ Date _____

Categorical Determination		Eligibility	Free	Reduced	Denied
			○	○	○

Confirming Official's Signature _____ Date _____

Updated May 31, 2024