

## Media Release for Free and Reduced-Price Meals Sample

FARWELL ISD announced its policy today for providing free and reduced-price meals for children served under the attached current income eligibility guidelines. Each school/site or the central office has a copy of the policy, which may be reviewed by anyone on request.

Starting on *August 5, 2019*, Farwell ISD will begin distributing letters to the households of the children in the district about eligibility benefits and any actions households need to take to apply for these benefits. Applications also are available at *Farwell School Campus Offices*.

### Criteria for Free and Reduced-Price Meal Benefits

The following criteria will be used to determine a child's eligibility for free or reduced-price meal benefits:

#### *Income*

1. Household income that is at or below the income eligibility levels

#### *Categorical or Automatic Eligibility*

2. Household receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF); or Food Distribution Program on Indian Reservations (FDPIR)

#### *Program Participant*

3. Child's status as a foster child, homeless, runaway, migrant, or displaced by a declared disaster
4. Child's enrollment in Head Start or Even Start

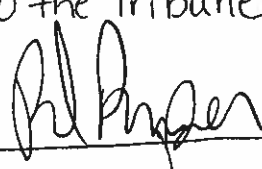
### Income Eligibility

For those households that qualify for free or reduced-price meals based on income, an adult in the household must fill out free and reduced-price meal application and return it to *{insert name, title, and contact information}*. Those individuals filling out the application will need to provide the following information:

1. Names of all household members
2. Amount, frequency, and source of current income for each household member
3. Last 4 digits of the Social Security number of the adult household member who signs the application or, if the adult does not have a social security number, check the box for "No Social Security number"
4. Signature of an adult household member attesting that the information provided is correct

### Categorical or Program Eligibility

Farwell ISD is working with local agencies to identify all children who are categorically and program eligible. Farwell ISD will notify the households of these children that they do not need to complete an

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## Income Eligibility Guidelines for Determining Free and Reduced Price Benefits

*Effective from July 1, 2018 to June 30, 2019*

Family Size	Annually		Monthly		Twice per Month		Every Two Weeks		Weekly	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$15,782	\$22,459	\$1,316	\$1,872	\$658	\$936	\$607	\$864	\$304	\$432
2	\$21,398	\$30,451	\$1,784	\$2,538	\$892	\$1,269	\$823	\$1,172	\$412	\$586
3	\$27,014	\$38,443	\$2,252	\$3,204	\$1,126	\$1,602	\$1,039	\$1,479	\$520	\$740
4	\$32,630	\$46,435	\$2,720	\$3,870	\$1,360	\$1,935	\$1,255	\$1,786	\$628	\$893
5	\$38,246	\$54,427	\$3,188	\$4,536	\$1,594	\$2,268	\$1,471	\$2,094	\$736	\$1,047
6	\$43,862	\$62,419	\$3,656	\$5,202	\$1,828	\$2,601	\$1,687	\$2,401	\$844	\$1,201
7	\$49,478	\$70,411	\$4,124	\$5,868	\$2,062	\$2,934	\$1,903	\$2,709	\$952	\$1,355
8	\$55,094	\$78,403	\$4,592	\$6,534	\$2,296	\$3,267	\$2,119	\$3,016	\$1,060	\$1,508
9	\$60,710	\$86,395	\$5,060	\$7,200	\$2,530	\$3,600	\$2,335	\$3,324	\$1,168	\$1,662
10	\$66,326	\$94,387	\$5,528	\$7,866	\$2,764	\$3,933	\$2,551	\$3,632	\$1,276	\$1,816
11	\$71,942	\$102,379	\$5,996	\$8,532	\$2,998	\$4,266	\$2,767	\$3,940	\$1,384	\$1,970
12	\$77,558	\$110,371	\$6,464	\$9,198	\$3,232	\$4,599	\$2,983	\$4,248	\$1,492	\$2,124
<i>For each additional family member add:</i>										
	+\$5,616	+\$7,992	+\$468	+\$666	+\$234	+\$333	+\$216	+\$308	+\$108	+\$154

## FARWELL ISD

Dear Parent/Guardian:

Children need healthy meals to learn. *Farwell ISD* offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.70. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is *insert* \$0.30 for breakfast and \$0.40 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 any *Farwell ISD* campus office. If you have questions about applying for free or reduced-price meals, contact .

### 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 *Diedre Guthals*, (806)481-9131 or [duthals@farwellschools.org](mailto:duthals@farwellschools.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 *Colby Waldrop*, PO Box F, (806)481-3371 or [cwaldrop@farwellschools.org](mailto:cwaldrop@farwellschools.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.

If you have other questions or need help, call Child Nutrition Director, (806) 481-3802 ext. 1026. si necesita ayuda, por favor llame al teléfono: *Child Nutrition Director*, (806)481-3802 ext. 1026.

Sincerely,

*Child Nutrition Director for Farwell ISD*

## Directions for Applying For Free and Reduced-Price School Meals

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 *Farwell ISD*. 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 *Child Nutrition Director, (806)481-3802 ext. 1026* 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 *Farwell ISD*.
- **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 Step 2, and complete Step 3.*

#### Participation in a Categorical Program

If all children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Step 2 and complete Step 3.

SNAP, TANF, and FDPIR: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

*If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needed 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), check the box to indicate participation. The Farwell ISD will contact you to obtain documentation of FDPIR participation.*

*If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.*

### Step 2: 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, But Not Children)

- **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. Children's income is reported in Part C.*

*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.*

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional family member add:					
	+\$8,177	+\$682	+\$341	+\$315	+\$158

**Farwell ISD, 2019-2020 Standard (Multi-Child) Application for Free and Reduced-Price School Meals**

This Box for School Use Only.  
Date Withdrawn:

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

**Step 1:** Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

**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 Name	MI	Last Name	Student Attends School in District?		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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Participation in a Categorical Program**

- If every child listed in Step 1 is a participant 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:** Please read the directions for more information for the following questions.

**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. 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 (include Yourself, But Not Children.** If more spaces are needed, use the Additional Names section on the back.)

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 income (without deductions) for each source in whole dollars only. 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' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/Social Security/Supplemental Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1. \$			W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2. \$			W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3. \$			W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

**C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)**

Record total income by frequency for each child who receives regular income listed in Step 1	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

**D. Total Household Members (Count all children & adults living in the household)**

**Step 3:** Please read the directions for more information on signing this form.

**Provide Contact Information and Adult Signature. Return this application to Farwell ISD Campus Offices, PO Box F Farwell TX, Fax # (806)481-9275.**

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/Apt. #

City

State

Zip

Daytime Phone and Email (Optional)

Printed Name of Adult Household Member Signing the Form

Signature of Adult Household Member Signing the Form

Today's Date