Dear Parent/Guardian:

Children need healthy meals to learn. Taylor ISD offers healthy meals every school day. Breakfast costs \$0.00; lunch costs Elementary \$2.65, Secondary \$3.15. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$0.00 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 <u>one application</u> for all the students in the household and return the completed application to Angelica Cazalas, 3101 N. Main St. Taylor, Tx. 76574, and 512-352-6361 x1720. If you have questions about applying for free or reduced-price meals, contact Angelica Cazalas 512-352-6361 x1720 acazalas@taylorisd.org.

- 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 John Matthews
 512-352-3910 or Imatthews@taylorisd.org.
 - WIC Recipient—Children in households participating in WIC may be eligible for free or reduced-price meals.
- 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 Jina Self 512-352-6361 x1042 jself@taylorisd.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 reducedprice 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.
- 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 paperapplication. Visit [https://linqconnect.com/public/meal-application?lang=English] to begin or to learn more about the online application process. Contact [Angelica Cazalas, 512-352-6361 x1720, and acazalas@taylorisd.org] if you have questions about the online application.

If you have other questions or need help, call Angelica Cazalas 512-352-6361 x1720.

Sincerely,

Angelica Cazalas

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: (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: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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 Taylor 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 *Angelica Cazalas* 512-352-6361 acazalas@taylorisd.orgwith 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.
 - <u>Print</u> 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.
 - <u>Include</u> 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 Taylor ISD.
- Record the child's grade if the child is in school.
- <u>Check</u> 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, <u>complete</u> Step 1, <u>skip</u> Steps 2-3, and <u>complete</u> 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), <u>circle YES</u> to indicate participation. The Taylor 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 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

• <u>Provide</u> 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.
 - <u>Write</u> a <u>0</u> in any field where there is no income to report. If you write <u>0</u> 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.
 - <u>Select</u> 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

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

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 3101 N. Main St. Taylor, Tx. 76574, fax 512-365-3800, email acazalas@taylorisd.org and/or your child's school.

> Income Eligibility Guidelines Monthly

Annual

Bi-Weekly Twice-Monthly

Household Size	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$18,954	\$26,973	\$1,580	\$2,248	\$790	\$1,124	\$729	\$1,038	\$365	\$519
2	\$25,636	\$36,482	\$2,137	\$3,041	\$1,069	\$1,521	\$986	\$1,404	\$493	\$702
3	\$32,318	\$45,991	\$2,694	\$3,833	\$1,347	\$1,917	\$1,243	\$1,769	\$622	\$885
4	\$39,000	\$55,500	\$3,250	\$4,625	\$1,625	\$2,313	\$1,500	\$2,135	\$750	\$1,068
5	\$45,682	\$65,009	\$3,807	\$5,418	\$1,904	\$2,709	\$1,757	\$2,501	\$879	\$1,251
6	\$52,364	\$74,518	\$4,364	\$6,210	\$2,182	\$3,105	\$2,014	\$2,867	\$1,007	\$1,434
7	\$59,046	\$84,027	\$4,921	\$7,003	\$2,461	\$3,502	\$2,271	\$3,232	\$1,136	\$1,616
8	\$65,728	\$93,536	\$5,478	\$7,795	\$2,739	\$3,898	\$2,528	\$3,598	\$1,264	\$1,799
For each add, person, add	+\$6,682	+\$9,509	+\$557	+\$793	+\$279	+\$397	+\$257	+\$366	+\$129	+\$183

The income eligibility guidelines (right) are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2023 - June 30, 2024.

2023-2024 Application for Free and Reduced-Price School Meals

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

Taylor ISD

3101 N. Main St. Taylor, Tx. 76574

Return to:

.

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 or Apply Online: taylorisd.org

treet address (if available)	"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, a	fo chi		lame of Adult Household Members First & Last)	ist 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 ach 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 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	l, Last four digits of Social Security Number (SSN) of an Adult Household Member 3. Income for Adult Household Members <i>(including vourself)</i>	STEP 3 Report Income for A	If NO	STEP 2 Do any Household M	Start, and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Read the directions for more information.	Shares income and expenses, even if not related." Children in Foster Care, Head	If more spaces are needed Definition of Household Member: "Anvone who is living with you and
Apt#	and adult signature, n on this application is tru ation. I am aware that if I	sehold rn or receive income. Ple. rn or receive income. Ple. Members listed in STEP 1 back income frequency c	** ** **	Work Earnings	STEP 1 (including yours only. Report the frequenc nk, you are certifying (pr	ty Number (SSN) of an embers <i>fincluding vo</i> u	LL Household Memb	3 If YES —	lembers (including y			If more spaces are needed, use the Additional Names section on the back Household Member: Child's First Name
City	e and that all income is reporte purposely give false information	ase include the TOTAL here. If applicable, include onversion key provided on back.		Frequency W E T M A	elf) even if they do not receive in y by income type: W=Weekly, E: omising) that there is no income	ı Adult Household Member urself)	Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)	Write the Eligil	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?			s section on the back. MI
State	d. I understand that this infor 1, my children may lose meal l	Total Child Income	S S S S S S S S S S S S S S S S S S S	Public Assistance/ Child Support/Alimony	ncome. For each Household M =Every 2 Weeks, T=Twice per to report. <i>If more spaces are</i>	XXX- XX-	nswered 'YES' to STEP 2	Write the Eligibility Determination Group (EDG, n/a for FDPI, number here, then go to STEP 4 (do not complete STEP 3).	n one or more of the folk			Child's Last Name
Zip code	mation is given in connect senefits, and I may be pros	W C		W E T M	ember listed, if they do rei Month, M=Monthly, A=An needed, use the Additional	Check if no SSN)	(EDG, n/a for FDPIR) complete STEP 3).	owing assistance prog			
Daytime phone and email (optional)	given in connection with the receipt of Federal funds, and that school nd I may be prosecuted under applicable State and Federal laws."	D. Total Household Members (Children & Adults)		Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	ceive income, report total gr nually. If they do not receive Names section on the back	NSS c		EDG Number	rams: SNAP, TANF, or			Student? Yes No Grade
il (optional)	ral funds, and that school te and Federal laws."	sehold Members (Children & Adults)		r W E T M A	ted, if they do receive income, report total gross income (before taxes) for =Monthly, A=Annually. If they do not receive income from any source, write to the Additional Names section on the back.				FDPIR?	Check any t	natapply	Homeless Head Foster Migrant, Start Child Runaway

Printed name of adult signing the form

Signature of adult

Today's date

June 12, 2023

Categorical Determination	Household Size	Annual Income Conversion: weekly x 52, every two weeks x 26, twice a t to determine eligibility unless more than one income frequency is listed.		To file a program discrimination comphttps://www.usda.gov/sites/default/firequest a copy of the complaint form, 1400 Independence Avenue, SW, Was	In accordance with federal civil rights national origin, sex (including gender than English. Persons with disabilities responsible state or local agency that:	The Richard B. Russell National School Lunch Act requires the inform reduced price meals. You must include the last four digits of the social so required when you apply on behalf of a foster child or you list a Supplen Program on Indian Reservations (FDPIR) case number or other FDPIR is security number. We will use your information to determine if your chil share your eligibility information with education, health, and nutrition penforcement officials to help them look into violations of program rules.		List any additional adult household men Name of Adult Household Members (First & Last)		List any additional child household members not listed in STEP 1. Child's First Name	ADDITIONAL NAMES
Eligibility	Total income	very two weeks x 26, twice a m ne income frequency is listed.		plaint, a Complainant sho lles/documents/ad-3027,p call (866) 632-9992. Sub- hington, D.C. 20250-9410	law and U.S. Department identity and sexual orien s who require alternative administers the program	ool Lunch Act requires the e the last four digits of the at foster child or you list a "IR) case number or other ormation to determine if neducation, health, and more which into violations of programs.	69 69 69	nbers not listed in STEP 3. Work Earnings		nbers not listed in STEP 1.	
Free Reduced Denied	Frequency W E T M A	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.	DO NOT COMPLETE. This section for school use only	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 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. This institution is an equal opportunity provider.	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.	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.		List any additional adult household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, Name of Adult Household Members Work Earnings WETTMAA Child Support/Alimony W		MI Child's Last Name	
Confirming Official's Signature	Reviewing/Determining Official's Signature	Date Received	for school use only,	Discrimination Complaint Form which can be obtained online at: ssed to USDA and provide in the letter all of the information req. 1) mail: U.S. Department of Agriculture, Office of the Assistant Scinitake@usda.gov. This institution is an equal opportunity provenintake.	nd policies, this institution is prohibited fron for prior civil rights activity. Program inform ormation (e.g., Braille, large print, audiotape voice and TTY) or contact USDA through the	ave to give the information, but if you do not member who signs the application. The last: member who signs the application. The last: NAP), Temporary Assistance for Needy Familicate that the adult household member significate that or administration and enforcementals, and for administration and enforcementals, and for administration and enforcementals.		Frequency E T M A		Student? Yes	
Date	nature Date	Date Withdrawn		e obtained online at: f the information requested in the forn ce of the Assistant Secretary for Civil I ual opportunity provider.	n discriminating on the basis of race, on discriminating on the basis of race, on ation may be made available in languation may be made available in language), should cost pederal Relay Service at (800) 877-8	t, we cannot approve your child for frour digits of the social security numbilities (TANF) Program or Food Distribing the application does not have a so the lunch and breakfast program of the lunch and reviews, and law ditors for program reviews, and law		onthly, A=Annually Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other W E T T	Check any that ap	No Grade	
			Ī	n. To lights,	olor, ages other tact the \$39.	e or er is not ution cial ; We MAY		M		Homeless Migran Runawa	