

# 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 scholars attend separate campuses at **Beta Academy**. The application must be filled out completely to certify your scholar(s) 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 the **Child Nutrition Director – (346) 385-0203 ext: 982**.

**FOR PAPER APPLICATIONS, PLEASE USE A PEN (NOT A PENCIL) AND PRINT CLEARLY.**

## STEP 1: LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN THE HOUSEHOLD.

Tell us how many children are living in your household that are supported with the household income. 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 paper application, attach a second application 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 each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the paper application, attach a second application with all required information for the additional children.
- B) **Do you have any foster, homeless, migrant, runaway, or Head Start children?** If you believe any child listed in this section meets these descriptions, mark the corresponding box next to the child's name. If you are ONLY applying for foster, homeless, migrant, runaway or Head Start children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 2.

## 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 case number.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact **Texas Health and Human Services (800) 777-7328**. You **must** provide a case number on your application if you circled "YES". **Skip to STEP 4.**

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- A) **LIST ALL HOUSEHOLD MEMBERS (including yourself and household members not listed in Part 1) 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** household members living with you who are not supported by your household's income AND do not contribute income to your household.
- B) **REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If a household member does 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.
- C) **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 1 and 3 combined. 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.
- D) **PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** Provide the last four digits of the primary wage earners or another adult household members Social Security Number in the space provided. 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." You are eligible to apply for benefits even if you do not have a Social Security Number.

## 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. Providing a phone number, email address, or both is optional, but helps us should we need to contact you regarding your application.
- B) **PRINT AND SIGN YOUR NAME.** Print your name in the box "Printed name of adult completing the form." 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) **SHARING INFORMATION WITH OTHER BENEFIT PROGRAMS (OPTIONAL).** This field is optional and does not affect your scholar's eligibility for free or reduced price school meals. You may choose not to complete this section.

**STEP 1 — All Children in the Household**

Student ID (optional)	Last Name	First Name	MI	Student Attends School in District?		Grade (Optional)	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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 3 then complete Step 4.

**STEP 2 — Assistance Programs**

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write an Eligibility Determination Group (EDG) Number then skip to STEP 4.

EDG Number:

**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.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly	Child Income	How Often?			
		W	E	T	M
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. 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		W	E	T	M		W	E	T	M
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Total Household Size  
(Children and Adults)

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

Check if no SSN

**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 <input type="text"/>	Signature of adult completing the form <input type="text"/>	Today's Date M M D D Y Y <input type="text"/>
Street Address (if available) <input type="text"/>	City <input type="text"/>	State ZIP Code T X <input type="text"/>
Home Phone Number <input type="text"/>	Work Phone Number <input type="text"/>	Email <input type="text"/>



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

For the following programs, we must have your permission to share your information. Please mark 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 eligible for free or reduced-price meals.

- Credit/Attendance Recovery Schooling     School Supplies     Field Trips and School Events  
 Uniform Vouchers     Afterschool Sports/Clubs

**Privacy Act Statement: This explains how we will use the information you give us.**

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.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

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; or
2. fax: (833) 256-1005 or (202) 690-7442; or
3. email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.