

# Big Spring ISD

## Directions for Applying for Free and Reduced-Price School Meals 2022 - 2023



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 Big Spring ISD. 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.**

Questions? Please contact:  
Judi Rodriguez, Food Service Liaison  
432-264-3635 x1021  
jmrodriguez@bsisd.esc18.net

### STEP 1: Select the appropriate circumstances for the household.

#### Participation in a Categorical Program

- **SNAP, TANF, and FDPIR:** If any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR, select the appropriate radio button.

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), Big Spring ISD will contact you to obtain documentation of FDPIR participation.

- **If all children in the household** are participants in one of the following programs — Foster, Head Start, Homeless, Migrant, or Runaway, select the appropriate radio button.

- **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, select the appropriate radio button.

#### Households without Participation in a Categorical Program

- Select the appropriate radio button and record the total number of children and adults in the household.

This number **MUST** be equal to the number of household members listed in Step 2 and Step 3. It is very important to list all household members as the size of the household determines the household eligibility.

### STEP 2: List All Household Members Who Are Infants, Children and Students up to and Including Grade 12.

- Answer Yes/No to show if the child is a student in Big Spring ISD.

- If a student, answer Yes/No if the student's ID number is available and enter the ID number and birth date.

- If not a student or the ID number is not available, list each child's name.

- o Enter first name, middle initial, and last name for each child in the household.

- o 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.

- o Enter the child's grade if the child is in school.

- **Check** the appropriate box if a child qualifies for free meals as a participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.

- **Record** total income for each child in the household who receives regular income by how often income is received (frequency).

### Record adult income in Step 3.

The Child Income Information Box (on the right) provides additional information on the types of income that needs to be reported for children in the household.

**Child's 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

**STEP 3: Report Income for all Adult Household Members (Including Yourself, But Not Children).**

- **Record** the first and last name of each adult in the household.

### Children's income is reported in Step 2.

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 (on the right) 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.

**Report** 0 in any field where there is no income to report. If you enter 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

**Adult Income Information Box**

**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

**STEP 4: Provide Last Four Digits of Social Security Number (SSN) of an Adult Household Member, Contact Information and Adult Electronic Signature.**

- 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.

- Select the method to receive the determination outcome of the application - either email or US Mail. Enter your current [email or mailing] address and contact information. Sharing a phone number 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.

- Read the certification statement.
- Enter the first and last name of the adult completing the form as part of the electronic signature process.

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 displayed.

**STEP 5: Submit the Application.**

- Record the confirmation number for your records.

<b>REDUCED-PRICE MEAL INCOME ELIGIBILITY GUIDELINES - 7/1/2022 to 6/30/2023</b>					
<b>Family Size</b>	<b>Annually</b>	<b>Monthly</b>	<b>Twice per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$ 25,142	\$ 2,096	\$ 1,048	\$ 967	\$ 484
2	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
3	\$42,606	\$ 3,551	\$ 1,776	\$ 1,639	\$ 820
4	\$ 51,338	\$ 4,279	\$ 2,140	\$ 1,975	\$ 988
5	\$ 60,070	\$ 5,006	\$ 2,503	\$ 2,311	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 2,867	\$ 2,647	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 3,231	\$ 2,983	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 3,595	\$ 3,318	\$ 1,659
<b><i>For each additional family member add:</i></b>					
	+ \$8,732	+ \$728	+ \$364	+ \$336	+ \$168

## USE OF INFORMATION STATEMENT

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 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 program benefits or services for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

## NON-DISCRIMINATION STATEMENT

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

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