

**Midlothian Independent School District
School Year 2014-2015**

Attention Parents

This is the Application for **Free or Reduced Price** School Breakfast
and Lunch Meals.

Only fill out one form per household.

We will be scanning the forms on a computer.

To prevent a delay in processing **PLEASE:**

- **Use Black Ink**
- **Write Neat and Legible**
- **Do Not Fold**

Thank you,
Midlothian Independent School District
Food Service Department

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**Midlothian Independent School District – National School Lunch / Breakfast Program
Letter to Households – School Year 2014-2015**

Dear Parent/Guardian:

Children need healthy meals to learn. **Midlothian ISD** offers healthy meals every school day. Breakfast costs **\$1.60 for Elementary and \$1.85 for Secondary**; lunch costs **\$2.40 for Elementary and \$2.65 for Secondary**. Your children may qualify for free meals or for reduced-price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

1. Do I need to fill out an application for each child? No. Complete one application to apply for free or reduced-price meals. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Your Child’s Campus Administration Office, Cafeteria Manager, or the Food Service Department Offices.**

2. Who can get free meals? Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF can get free meals regardless of your income. Your benefit letter from the Texas Health and Human Services Commission (HHSC) is your documentation for free meals. If you have not already received a letter from your school stating that your household is eligible for free meals, you may take your HHSC benefit letter to your child nutrition office to be certified for free meals. If a child in your household is directly certified due to receiving SNAP or TANF benefits, all children of your household are eligible for free meals. If a child in your household is not included on the Letter of Direct Certification, sent to you by the SFA, or if you have questions, call the school at **972-775-2124 X2**.

3. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced-price meals? In most cases no, however read the letter you got carefully and follow the instructions. Call the school at **972-775-2124 X2** if you have questions or a member of your household is not listed on the letter. If your household does not receive SNAP or TANF, your children may still be eligible to receive free meals if your household income is less than the amounts listed on the federal Income Eligibility Guidelines. Please complete the application and submit it to your child nutrition office. Head Start students and Even Start children and foster children also qualify for free meals.

4. Can homeless, runaway, foster and migrant children get free meals? Yes. If you have not been notified of free status under these categories, please call **MISD Director of Special & Federal Programs at 972-775-8296** to see if your child(ren) qualify.

5. Who can get reduced-price meals? Your children can get low cost meals if your household income is within the reduced-price limits on the Federal Income Chart.

6. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. If I don’t qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP, TANF or other benefits (such as unemployment benefits).

9. What if I disagree with the school’s decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Business Manager, 100 Walter Stephenson Rd; Midlothian, TX 76065 / 972-775-8296.**

10. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.

11. Who should I include as members of my household? You must include yourself and all people living in your household, related or not (such as children, grandparents, other relatives or friends).

12. What if my income is not always the same? List the amount that you normally receive. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime pay, include that amount as income. If you do not normally get overtime pay, do not include it as income.

13. We are in the military; do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **972-775-2124 X2**. *Si necesita ayuda, por favor llame al teléfono: 972-775-2124 X2. Si vous voudriez d’aide, contactez nous au numero: 972-775-2124 X2.*

Sincerely,

**Midlothian ISD
Child Nutrition Program Office**

FEDERAL INCOME CHART			
For School Year 2014-15			
Household size	Yearly	Monthly	Weekly
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
Each additional person:	7,511	626	145

2014-2015 Multi-Child Application for Meal Benefits Midlothian Independent School District

USE BLACK INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD NO APPLICATION IS NECESSARY. Call the MISD Homeless Liaison at 972-775-8296 to see if your child qualifies for benefits.

1 STUDENTS LIVING IN HOUSEHOLD ATTENDING MIDLOTHIAN ISD

Print <u>Legal</u> Name for ALL Students Attending Midlothian ISD			Birthdate			Grade	School Code (See Attached)	Foster Child (Mark only if child is a foster child)	Income earned by the student	How Often ?	Check Box if No Income
First Name	MI	Last Name	M M	D D	Y Y				\$		
								<input type="checkbox"/>		<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	<input type="checkbox"/>
								<input type="checkbox"/>		<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	<input type="checkbox"/>
								<input type="checkbox"/>		<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	<input type="checkbox"/>
								<input type="checkbox"/>		<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	<input type="checkbox"/>
								<input type="checkbox"/>		<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	<input type="checkbox"/>
								<input type="checkbox"/>		<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	<input type="checkbox"/>

2 Benefits-If any member of your household (including adults) receives SNAP, FDPIR, or TANF, provide the Eligibility Determination Group Number (EDG) and skip Part 3a and 3b then sign the application in part 4. (Lone Star Card # Not Acceptable)

3a List all other household members not listed above. 3b List Total Gross Income and fill in circle next to how often each person listed (in 3a) receive before deductions.

Print first and last name of all adults and children not listed above	Check Box if No Income	Earnings from Work Before Deductions: Job 1	How Often ?	Welfare Payments, Child Support/Alimony	How Often ?	Pay from Pensions, Retirement / Social Security	How Often ?	Job 2 or Any Other Income	How Often ?
		\$	<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	\$	<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	\$	<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month	\$	<input type="radio"/> Monthly <input type="radio"/> Every 2 weeks <input type="radio"/> Weekly <input type="radio"/> Twice A Month
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	<input type="checkbox"/>	\$		\$		\$		\$	

WRITE TOTAL NUMBER OF people in this home (add part 1 & 3a)

*Adult Household Signer Social Security # (Last 4 digits)

If you do not have a Social Security Number mark this box

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information on the application. I also understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

4 XXX - XX -

ADULT SIGNATURE REQUIRED X

FIRST NAME

Address _____

Today's Date

LAST NAME

Daytime Phone _____ Home Phone _____

OFFICE USE ONLY		OFFICE USE ONLY		OFFICE USE ONLY	
Receiving Official _____	Date _____	Confirming Official _____	Date _____		
Follow-up Official _____	Date _____	Temporary Free _____	Time Expired _____	(Expires after 30 Days)	

City _____ Zip _____

INSTRUCTIONS FOR APPLYING FOR MEAL BENEFITS

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

All Students are Foster Children.

Part 1: Print Neatly with BLACK INK the student(s): social security number (Optional), first name, middle initial, last name, grade, school code, check box if child is foster child and list any student income (MONTHLY) or check no income box.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: No Social Security Number necessary. Sign the form. Enter your address including apt/lot # (if applicable) and current phone number where you can be reached. Print your first and last name in the boxes provided.

IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD NO APPLICATION IS NECESSARY. Call the MISD Homeless Liaison at (972) 775-8296 to see if your child qualifies for benefits.

IF YOUR HOUSEHOLD GETS SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), FORMERLY THE FOOD STAMP PROGRAM, OR TANF, FOLLOW THESE INSTRUCTIONS:

Part 1: Print Neatly with BLACK INK the student(s): social security number (Optional), first name, middle initial, last name, grade, school code, check box if child is foster child and list any student income (MONTHLY) or check no income box.

Part 2: List the Eligibility Determination Group Number (EDG) for any household member (including adults) receiving SNAP, FDIPIR, or TANF benefits.

Part 3: Skip this part.

Part 4: No Social Security Number necessary. Sign the form. Enter your address including apt/lot # (if applicable) and current phone number where you can be reached. Print your first and last name in the boxes provided.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print Neatly with BLACK INK the student(s): social security number (Optional), first name, middle initial, last name, grade, school code, check box if child is foster child and list any student income (MONTHLY) or check no income box.

Part 2: Skip this part.

Part 3a:

Column 1- List all others living in your household, related or not (such as grandparents, other relatives or friends). You must include yourself. *DO NOT INCLUDE CHILDREN LISTED IN Part 3.* **No income:** If the person does not have any income, check the box. Enter total number of household members (add part 2 & 3a) in boxes provided.

Part 3b:

Column 1-Earnings from work before deductions: For example, *Earnings from work:* List the **gross income** each person earned from work and how often. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** This amount should be listed on your pay stub, or your employer can provide this information.

Column 2-Welfare payments, child support/alimony: List the amount each household member received last month and how often.

Column 3-Pay from pensions, retirement/ social security: List the amount each household member received last month and how often.

Column 4-Job #2 or any other income. List the **gross income** each person earned from work and how often. For example, benefits for: worker's comp, unemployment, strikes, SSI, veteran's (VA), disability. List regular contributions from people who do not live in your household. List net income for self-owned businesses, farm or rental income.

Part 4: Adult household member must sign the form and provide a Social Security Number. If you do not have a Social Security Number check the box provided (see Privacy Act Statement). Sign the form. Enter your address including apt/lot # (if applicable) and current phone number where you can be reached. Print your first and last name in the boxes provided.

Return the completed application to: Your Campus Administration Office

Your children may qualify for free and reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year 2014- 2015			
Household size	Yearly	Monthly	Weekly
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
Each additional person:	7,511	626	145

School Codes	
Midlothian High School	001
Frank Seal Middle School	042
Heritage High School	
Walnut Grove Middle School	044
Baxter Elementary	104
J. R. Irvin Elementary	103
Longbranch Elementary	105
Miller Elementary	108
Mt. Peak Elementary	106
Vitovsky Elementary	107

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 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 FDIPIR 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: The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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