



Columbus I.S.D.

[www.columbusisd.org](http://www.columbusisd.org)

105 Cardinal Lane • Columbus, Texas • 78934 • (979) 732-5704 • fax: (979) 732-5960

Dear Parent/Guardian:

Children need healthy meals to learn. Columbus Independent School District offers healthy meals every school day. Breakfast costs \$1.25 at all campuses; lunch costs \$2.40 at Columbus High School; \$2.15 at Columbus Junior High-Riverside Campus; and \$1.90 at Columbus Elementary School. Your child(ren) may qualify for free meals or for reduced-price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch at all campuses.

**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 Ester Chandler, 105 Cardinal Lane, Columbus, TX 78934.**

**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 the school 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 LEA, or if you have questions, call the school at 979-732-5704.

**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 979-732-5704 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 the school nutrition office. Head Start/Early Head Start students, Even Start children, and certain foster children also qualify for free meals.

**4. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

**5. Can homeless, runaway, and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail: Ester Chandler at 979-732-5704 ext. 103, or [chandler@columbusisd.org](mailto:chandler@columbusisd.org) to see if your child(ren) qualify.

**6. Who can get reduced-price meals?** Your children can get low cost meals if your household income is within the limits on the Federal Income Chart, shown on this letter.

**7. My child's application was approved last year. Do I need to fill out another one?** Yes, your child's application is only good for the school year and for the first 30 operating days of the new school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

**8. 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.

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

**10. 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 receiving SNAP, TANF or other benefits (such as unemployment benefits).

**11. 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: Dr. Robert O'Connor, 105 Cardinal Lane, Columbus, TX 78934.

**12. 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.

**13 Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

**14. 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. If you have had your hours or wages reduced, use your current income.

**15. We are in the military; do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military House Privatization Initiative, do not include your housing allowance.

**16. My spouse is deployed to a combat zone; is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment, and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

**17. My family needs more help. Are there other programs we might apply for?** To find out how to apply for other assistance benefits, dial 2-1-1.

If you have other questions or need help, call 979-732-5704, ext. 103. *Si necesita ayuda, por favor llame al teléfono: 2-1-1. Si vous voudriez d'aide, contactez nous au numero: 979-732-5704, ext. 103.*

Sincerely,



Ester Chandler  
Assistant Superintendent of Curriculum & Student Services

<b>FEDERAL INCOME CHART</b>			
For School Year 2012-13			
<b>Household Size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$20,665	\$1,723	\$398
2	\$27,991	\$2,333	\$539
3	\$35,317	\$2,944	\$680
4	\$42,643	\$3,554	\$821
5	\$49,969	\$4,165	\$961
6	\$57,295	\$4,775	\$1,102
7	\$64,621	\$5,386	\$1,243
8	\$71,947	\$5,996	\$1,384
Each additional person:	\$7,326	\$611	\$141

## INSTRUCTIONS FOR APPLYING (Multi-Child)—2012–2013

### INSTRUCTIONS FOR HOUSEHOLDS:

**Part 1: List each child's name, name of the school** and check the box if the child is a foster child, the grade and their Eligibility Group Number for SNAP or TANF (if any). **Optional (Last Four Digits of the Child's Social Security Number, Student I.D. or Date of Birth)**. Foster children no longer need to be on a separate application.

**Part 2:** If a child in your household is homeless, migrant or runaway, check the appropriate box and call the school's administrative offices at the telephone number provided.

**Part 3:** Follow these instructions to report last month's household income.

**Column 1—Name: List the last, first and middle initial of each person living in your household,** related or not (such as grandparents, other relatives or friends). You must include yourself and all children. Attach another sheet of paper if needed.

**Column 2—Income and how often it is received:** For each person who receives income, write the amount received and how often it is received—weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

*Employment Income:* List the **gross income** for each person. It is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub or your employer can tell you.

*Other Income:* List the amount each person receives from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. Next to the amount, write how often the person receives it.

**Column 3—Check if no income:** If the person does not have any income, check the box.

**Part 4: An adult household member must sign the form** and provide the last four digits of his or her Social Security Number or mark the box if he or she doesn't have one. The adult household member signing the form prints their name, home phone number, work phone number and mailing address.

### **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 are 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 Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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**MULTI-CHILD FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION FOR 2012-2013**

**Columbus Independent School District**

**Local Education Agency**

<b>Part 1. Children in School</b>				
Names of all children in school (Last, First, Middle Initial)	School Name	Last 4 digits of Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)
Check box if a foster child (legal responsibility of welfare agency or court)				
1. <input type="checkbox"/>				
2. <input type="checkbox"/>				
3. <input type="checkbox"/>				
4. <input type="checkbox"/>				
5. <input type="checkbox"/>				
6. <input type="checkbox"/>				

If you listed an Eligibility Group # for SNAP/TANF, skip to Part 4.

<b>Part 2. Homeless, Migrant or Runaway</b>
If any child you are applying for is homeless, migrant or a runaway, check the appropriate box and call your school's administrative offices at ( ) - <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway

**Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)**

1. Name. (List everyone in household, including students listed in Part 1.)	2. Income and how often it is received. How Often = Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)								3. Check if NO Income
	Earnings from work before deductions	How Often	Welfare, child support, alimony	How Often	Pensions, retirement, Social Security	How Often	Other	How Often	
<i>Example: Smith, Jane B.</i>	\$200	W	\$50	E					<input type="checkbox"/>
1.									<input type="checkbox"/>
2.									<input type="checkbox"/>
3.									<input type="checkbox"/>
4.									<input type="checkbox"/>
5.									<input type="checkbox"/>
6.									<input type="checkbox"/>
7.									<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the "Instructions for Applying" page.)  
*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. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Security Number: XXX-XX-\_\_\_\_  I do not have a Social Security Number.  
 Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Do not fill out this part. For school use only.**

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number.  
 Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ SNAP/TANF: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_  
 Meal Eligibility: Free: \_\_\_\_\_ Reduced: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Reviewing Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Temporary approval of an application is no longer applicable because of the year-long duration of eligibility.

**MULTI-CHILD FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION FOR  
20112-2013—CONTINUATION SHEET**

<b>Part 1. Children in School – continuation sheet</b>				
<b>Names of all children in school (Last, First, Middle Initial)</b>  Check box if a foster child (legal responsibility of welfare agency or court)	<b>School Name</b>	<b>Last 4 digits of Social Security #, Student I.D. or Date of Birth (OPTIONAL)</b>	<b>Grade</b>	<b>Eligibility Group # for SNAP or TANF (if any)</b>
7. <input type="checkbox"/>				
8. <input type="checkbox"/>				
9. <input type="checkbox"/>				
10. <input type="checkbox"/>				
11. <input type="checkbox"/>				
12. <input type="checkbox"/>				

**Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)**

1. Name. (List everyone in household, including students listed in Part 1.)	2. Income and how often it is received. How Often = Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)								3. Check if NO Income.
	Earnings from work before deductions	How Often	Welfare, child support, alimony	How Often	Pensions, retirement, Social Security	How Often	Other	How Often	
8.									<input type="checkbox"/>
9.									<input type="checkbox"/>
10.									<input type="checkbox"/>
11.									<input type="checkbox"/>
12.									<input type="checkbox"/>
13.									<input type="checkbox"/>
14.									<input type="checkbox"/>
15.									<input type="checkbox"/>
16.									<input type="checkbox"/>
17.									<input type="checkbox"/>
18.									<input type="checkbox"/>

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**Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.