



Dear Parent/Guardian:

Children need healthy meals to learn. Flour Bluff I.S.D. offers healthy meals every school day. Breakfast **PK-6 free, 7-12 \$1.25**; Lunch: **ECC \$1.55, Grades 1-4 \$1.80, Grades 5-12 \$2.05**. Your children may qualify for free meals or for reduced-price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. School meals may be pre-paid online (www.mynutrikids.com), at each school cafeteria, and/or at the Central Kitchen.

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: Flour Bluff ISD, Child Nutrition Department, 2505 Waldron Road, Corpus Christi, Texas 78418, (361)694-9034.**

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 member of your household is directly certified due to receiving SNAP or TANF benefits, all members 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 **(361)694-9034.**

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 **(361)694-9034** 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 **Director of Special Programs, (361)694-9230** 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: **Dr. Julie Carbajal, Superintendent, Flour Bluff ISD, 2505 Waldron Road, Corpus Christi, TX 78418.**

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 Init., 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 **(361)694-9034**. *Si necesita ayuda, por favor llame al teléfono: (361)694-9034.*

Sincerely,

Yvette Jacinto, MS,
Child Nutrition Director

FEDERAL INCOME CHART For School Year 2011-12			
Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

Instructions for Applying – 2011-2012

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 (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. Next to the amount, write how often you receive it — weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

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 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 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.

Multi-Child Free and Reduced-Price School Meals Application for 2011-2012

Flour Bluff I.S.D - Child Nutrition Department Local Education Agency

Part 1. Children in School									
Names of all children in school (Last, First, Middle Initial)	School Name	Check box if a foster child (legal responsibility of welfare agency or court)	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)				
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.									
Part 2. Homeless, Migrant or Runaway									
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 (361)694-9230. <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	
Example: Smith, Jane B.	\$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>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.</i>									
Sign here: _____					Date: _____				
Social Security Number: XXX -XX - _____					<input type="checkbox"/> 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: _____			
Temporary: Free: _____		Time Period: _____				(expires after _____ days)			
Reviewing Official's Signature: _____					Date: _____				
Confirming Official's Signature: _____			Follow-up Official's Signature: _____			Date: _____			

Multi-Child Free and Reduced-Price School Meals Application for 2011-2012 – continuation sheet

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

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.