

Directions for Applying For Free and Reduced-Price School Meals

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 *Lockhart ISD*. Please use a **pen** (not a pencil) when completing the application. 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.** Please contact *Angelica Ramirez, 512-398-0292* with your questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- **List** each child’s name.

Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.

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.

- **Mark** the box following the child’s name to show if the child is a student in the *Lockhart ISD*.
- **Record** the child’s grade if the child is in school.
- **Check** the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start or Even Start) program or if a child meets the criteria for homeless, migrant, or runaway.

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, complete Step 1, skip Step 2, and complete Step 3.

Participation in a Categorical Program

If all children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, **skip** Step 2 and **complete** Step 3.

SNAP, TANF, and FDPIR: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

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), check the box to indicate participation. The Lockhart ISD will contact you to obtain documentation of FDPIR participation.

If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.

Step 2: Report Income for All Household Members.

Part A. Total Household Members

- **Record** the total number of children and adults in the household in the appropriate box.

This number MUST be equal to the number of household members listed in Step 1 and Step 2. It is very important to list all household members as the size of the household determines the household eligibility.

Part B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- **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.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each additional family member add:					
	+ \$7,992	+ \$666	+ \$333	+ \$308	+ \$154

Part C. Income for All Adult Household Members (Including Yourself, But Not Children)

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

If there are more adults in the household than available spaces, use the back of the application. Children’s income is reported in Part D.

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 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.

Write a 0 in any field where there is no income to report. If you write 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.

- **Circle** how often each type of income is received (frequency).
 - W = Weekly
 - E = Every 2 Weeks
 - T = Twice per Month
 - M = Monthly
 - A = Annually

Part D. Income for Children in the Household

- **Record** total income for all children by how often income is received (frequency).

Record adult income in Part C.

Record the income of children individually under the frequency indicating how often the income is received.

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.

Adult Income Information Box	
Earnings from Work	
<i>General Types of Income</i>	
<ul style="list-style-type: none"> ▪ Salary, wages, cash bonuses ▪ Strike benefits 	
<i>U.S. Military</i>	
<ul style="list-style-type: none"> ▪ Allowances for off-base housing, food, and clothing ▪ Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) 	
<i>Self-Employed Worker</i>	
<ul style="list-style-type: none"> ▪ 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	
<i>(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)</i>	
<ul style="list-style-type: none"> ▪ Alimony payments ▪ Cash assistance from State or local government ▪ Child support payments if income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as <i>other</i> income in the next part. ▪ Unemployment benefits ▪ Worker’s compensation 	
Pensions/Retirement/ Supplemental Security Income (SSI)	
<ul style="list-style-type: none"> ▪ 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	
<ul style="list-style-type: none"> ▪ Earned interest ▪ Investment income ▪ Regular cash payments from outside household ▪ Rental income 	

Step 3: Provide Contact Information and Adult Signature.

- **Read** the certification statement.
- **Write** your current address and contact information in the space provided. Sharing a phone number, email address, or both 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.
- **Print** the name of the adult signing the form, **sign** the form, and **record** today’s date in the appropriate spaces.

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 on the back of the application.

Step 4: Return the Application.

- **Return** the application to Lockhart ISD, Food & Nutrition Services, 419 Bois D’Arc St, Lockhart, TX 78644, fax 512-398-0179, or your child’s school.

Child Income Information Box	
Earnings from work	
<i>For Example: A child has a job where she or he earns a salary or wages.</i>	
Social Security, Disability Payments	
<i>For Example: A child is blind or disabled and receives Social Security benefits.</i>	
Social Security, Survivor’s Benefits	
<i>For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.</i>	
Income from any other source	
<i>For Example: A child receives income from a private pension fund, annuity, or trust.</i>	