

# IRAAN-SHEFFIELD ISD

*Iraan-Sheffield ISD announced its policy today for providing free and reduced-price meals for children served under the attached current income eligibility guidelines. Each school/site or the central office has a copy of the policy, which may be reviewed by anyone on request.*

*Starting on August 1, 2019, Iraan-Sheffield ISD will begin distributing letters to the households of the children in the district {or service area} about eligibility benefits and any actions households need to take to apply for these benefits. Applications also are available in the cafeteria or at any campus office.*

## 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 Iraan-Sheffield 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 Katrina Kent, Child Nutrition Director, (432)639-3185 or Email: [Katrina.Kent@isid.net](mailto:Katrina.Kent@isid.net) 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 Iraan-Sheffield 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 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.**

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$ 80,346	\$6,696	\$3,348	\$3,091	\$1,546
<i>For each additional family member add:</i>					
	+ \$8,177	+ \$682	+ \$341	+ \$315	+ \$158

**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 Iraan-Sheffield 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. 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.*

**Part B. 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 C.*

*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 C. Income for Children in the Household**

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

Adult Income Information Box
<b>Earnings from Work</b>
<i>General Types of Income</i>
<ul style="list-style-type: none"> <li>▪ Salary, wages, cash bonuses</li> <li>▪ Strike benefits</li> </ul>
<i>U.S. Military</i>
<ul style="list-style-type: none"> <li>▪ Allowances for off-base housing, food, and clothing</li> <li>▪ Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> </ul>
<i>Self-Employed Worker</i>
<ul style="list-style-type: none"> <li>▪ Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.</li> </ul>
<b>Public Assistance/ Child Support/Alimony</b>
<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"> <li>▪ Alimony payments</li> <li>▪ Cash assistance from State or local government</li> <li>▪ 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.</li> <li>▪ Unemployment benefits</li> <li>▪ Worker's compensation</li> </ul>
<b>Pensions/Retirement/ Supplemental Security Income (SSI)</b>
<ul style="list-style-type: none"> <li>▪ Annuities</li> <li>▪ Income from trusts or estates</li> <li>▪ Private Pensions or disability</li> <li>▪ Social Security (including railroad retirement and black lung benefits)</li> <li>▪ Supplemental Security Income (SSI)</li> <li>▪ Veteran's benefits</li> </ul>
<b>All Other Income</b>
<ul style="list-style-type: none"> <li>▪ Earned interest</li> <li>▪ Investment income</li> <li>▪ Regular cash payments from outside household</li> <li>▪ Rental income</li> </ul>

**Record adult income in Part B.**

Record the income of each child who receives regular income 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.

**Part D. 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.

**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 Katrina Kent, CN Director, P.O. Box 486, Iraan, TX 79744 or to the Iraan-Sheffield Cafeteria office.

Child Income Information Box	
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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**Mail:**  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410  
**Fax: (202) 690-7442; or**  
**Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).**

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