



FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

July 1, 2020 - June 30, 2021

Dear Parent/Guardian:

Children need healthy meals to learn. **Northside ISD** offers healthy meals every school day. Breakfast costs **\$1.00**; lunch costs **\$2.35** for secondary (High School and Jr. High School) and **\$2.10** for elementary level. 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. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. Who can get free or reduced price meals?

- All children in households receiving benefits from SNAP, FDIPIR, or TANF, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Income Eligibility Reduced-Price Guidelines—July 1, 2020–June 30, 2021					
Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member add:					
	8,288	691	346	319	160

- How do I know if my children qualify as homeless, migrant, or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call **Connections (homeless program) at 210-397-0530** or **Migrant Coordinator at 210-397-8555**.
- Do I need to fill out an application for each child?** No. 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: **Child Nutrition, C/O Free/Reduced Meal Program, 7520 Mainland Drive, San Antonio, TX 78250**.
- Should I fill out an application if I received a letter this school year saying my children are already approved for free meals?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **210-397-4517** immediately.
- Can I apply online?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://schoolcafe.com> to begin or to learn more about the online application process. Contact **Child Nutrition at 210-397-4517** if you have any questions about the online application.
- My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
- Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
- If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 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: **Karly Phillips, Assistant Director, Child Nutrition Finance, 7520 Mainland Dr., San Antonio, TX, 78250**.
- May I apply if someone in my household is not a U.S. citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- What if there isn't enough space on the application for my family?** List any additional household members on a separate piece of paper, and attach it to your application.
- My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other assistance benefits, contact 2-1-1.

If you have other questions or need help, call **210-397-4517**.

Sincerely,

Amy M. Peña
Meal Program Advisor

Helpful Reminders

Every school year, a new application must be submitted. The application may take up to 10 working days to be processed once it reaches the Free-Reduced office. After the process is complete, you should receive a notification letter. If you do not receive a letter by mail, you should call the office immediately.

You are responsible for any meal charges or cost prior to the application approval by the Free/Reduced Meal Program Office.

Free/Reduced meal applications in other languages available upon request.

SAVE TIME-APPLY ONLINE

<https://schoolcafe.com>

STEP 1 — All Children in the Household (including infants and students up to and including grade 12)

Student ID	Last Name	First Name	MI	Date of Birth	NISD Student?		School	Grade	Foster	Homeless	Migrant	Runaway	Head Start
					Y	N							

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one:** Yes / No

Eligibility Group Number: _____

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write an eligibility group number then skip to STEP 4.

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information on sources of income.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly, A = Annually

Child Income	How Often?				
	W	E	T	M	A

A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in Step 1.

B. List all household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult Household Member Name (First and Last)	Earnings from Work	How Often?					Public Assistance / Child Support / Alimony	How Often?					Pensions / Retirement / All Other Income	How Often?				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A

Total Household Size (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member *** - ** - _____

Check if no SSN

STEP 4 — Contact Information and Adult Signature — Mail completed form to: Child Nutrition, 7520 Mainland Dr, San Antonio, TX, 78250

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's Date _____

Street Address (if available) _____ City _____ State _____ ZIP Code _____

Home Phone Number _____ Work Phone Number _____ Email _____

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander White



4161

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Multiple income preferences must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provide by the household income.

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

Monthly Income: _____ Household Size: _____ FS/TANF _____ Date Withdrawn: _____ Reviewing Official's Signature: x _____ Date: _____
 Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____ Confirming Official's Signature: x _____ Date: _____
 Follow-up Official's Signature: x _____ Date: _____

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 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 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, 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in **Northside ISD**. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Child Nutrition at 210-397-4517**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL CHILDREN IN THE HOUSEHOLD.

Tell us how many children live in your household. They do NOT have to be related to you to be a part of your household who are under age 18 and are supported with the household's income including children who are not enrolled in the district. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDIR)?

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** Circle 'NO' and proceed to **STEP 3** on these instructions and **STEP 3** on your application.
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** Circle 'YES' and provide the **Eligibility Determination Group (EDG) number**. You only need to write **one** EDG number. You **must** provide an EDG number on your application if you circled "YES". **Skip to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- A) **RECORD TOTAL INCOME FOR ALL CHILDREN** listed in Step 1 and how often income is received including Earnings from work, Social Security Disability or Survivors Benefits & Income from any other sources (Pension, Annuity, or Trust).
- B) **LIST ALL ADULT HOUSEHOLD MEMBERS over the age of 18 (including yourself)** who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
 - **Do not include** people who live with you but are not supported by your household's income AND do not contribute income to your household.
- **REPORT TOTAL GROSS INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
 - **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes; many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
 - **What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- **REPORT TOTAL HOUSEHOLD SIZE.** Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- **PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** The household's primary wage earner or another adult household member must provide the last four digits of his/her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements at the bottom of these instructions.**

- A) **PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) **PRINT AND SIGN YOUR NAME.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."
- C) **WRITE TODAY'S DATE.** In the space provided, write today's date in the box.
- D) **SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

School Codes							
High Schools		Middle Schools Continued		Elementary Schools Continued		Elementary Schools Continued	
023	Brandeis	046	Pease	150	Brauchle	184	Hatchett
024	Brennan	053	Rawlinson	134	Braun Station	104	Helotes
005	Clark	042	Rayburn	166	Burke	198	Henderson
025	Harlan	048	Rudder	101	Cable	188	Hoffmann
006	Health Careers	047	Stevenson	177	Carnahan	119	Howsman
001	Holmes	050	Stinson	128	Carlos Coon	105	Mary Hull
002	John Jay	043	Sul Ross	165	Carson	223	Kallison
003	Marshall	056	Vale	228	Cole	138	Knowlton
016	O'Connor	049	Zachry	115	Colonies North	186	Krueger
022	Stevens	Other Schools		171	Driggers	191	Kuentz
007	Taft	004	Holmgreen	135	Ed Cody	187	Langley
019	Warren	008	Alternative H.S.	234	Ellison	152	Leon Springs
Middle Schools		062	Alternative M.S.	145	Elrod	108	Leon Valley
060	Bernal	011	Excel Academy	124	Esparza	168	Lewis
058	Briscoe	013	Reddix Center	156	Evers	225	Lieck
052	Connally	Elementary Schools		151	Fernandez	131	Linton
059	Folks	123	Adams Hill	226	Fields	109	Locke Hill
057	Hector Garcia	106	Allen	107	Fisher	236	Los Reyes
045	Hobby	178	Aue	141	Forester	189	Martin
055	Jefferson	180	Beard	193	Franklin	157	Monroe May
044	Anson Jones	192	Behlau	144	Galm	230	McAndrew
051	Jordan	181	Blattman	111	Colby Glass	158	McDermott
054	Luna	227	Boldt	102	John Glenn	185	Mead
041	Pat Neff	125	Boone	103	Glenoaks	117	Meadow Village
						162	Mary Michael
						195	Mireles
						224	Mora
						130	Murnin
						160	Myers
						170	Nichols
						136	Northwest Crossing
						118	Oak Hills
						182	Ott
						122	Passmore
						112	Powell
						167	Raba
						169	Rhodes
						179	Scarborough
						143	Scobee
						161	Steubing
						149	Thornton
						132	Timberwilde
						113	Valley Hi
						116	Villarreal
						148	Wanke
						183	Ward
						235	Wernli
						114	Westwood Terrace