

# Instructions for Applying for Free and Reduced-Price School Meals, 2023-2024

St. Rose of Lima Catholic School

979-743-3080

Return completed applications here: St. Rose of Lima School - c/o Carolyn Osina

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 your school district. Please use a **pen** (not a pencil), if completing the application **by hand**. 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 the school district at the number or email address listed above with 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 school district.
- 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 Steps 2-3, and complete Step 4.*

## Step 2: Participating in a Categorical Eligibility Program

- Do any household members (including you) currently participate in SNAP, TANF, and/or FDPIR?
  - If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy 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), circle YES to indicate participation. The school district will contact you to obtain documentation of FDPIR participation.
- If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Steps 3, and complete Step 4.
- If any children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Steps 3 and complete Step 4.

## Step 3: 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)

- 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.
  - 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 (next page) 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.
    - Select 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 all children in the household who receive regular income** by how often income is received (frequency). *The Child Income Information Box (below) provides additional information on the types of income that needs to be reported for children in the household.*
- Do not annualize income to determine eligibility unless more than one income frequency is listed.  
Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12.

**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 3. It is very important to list all household members as the size of the household determines the household eligibility.

**Step 4: 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.*

**MUTLI-USE APPLICATION – Step 5 (Optional): Sharing Information with Other Programs**

- *Completing this section will not change whether your children are eligible for free and reduced-price meals.*
- To provide your permission to share household information provided on the application with other programs, you **MUST** select/circle the program(s) or benefit(s) from the list.

**NONPUBLIC SCHOOL APPLICATION – Step 5 (Optional): Race and Ethnicity**

- *Completing this section is optional and does not affect your children's eligibility for free or reduced-price meals.*
- Select the child's ethnicity (select only one option)
- Select the child's race (select all that apply)

**Return the Application**

- Return the application to the mailing address listed on page 1.

Adult Income Information	
<u>Earnings from Work</u>	
General Types of Income	
▪	Salary, wages, cash bonuses
▪	Strike benefits
U.S. Military	
▪	Allowances for off-base housing, food, and clothing
▪	Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)
Self-Employed Worker	
▪	Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.
<u>Public Assistance/ Child Support/Alimony</u>	
(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)	
▪	Alimony payments
▪	Cash assistance from State or local government
▪	Child support payments from court-ordered child support or alimony decree 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
<u>Pensions/Retirement/ Supplemental Security Income (SSI)</u>	
▪	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
<u>All Other Income</u>	
▪	Earned interest
▪	Investment income
▪	Regular cash payments from outside household
▪	Rental income

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

The **income eligibility guidelines** (below) are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2023 – June 30, 2024.

Household Size	Income Eligibility Guidelines									
	Annual		Monthly		Twice Monthly		Bi-Weekly		Weekly	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$18,954	\$26,973	\$1,580	\$2,248	\$790	\$1,124	\$729	\$1,038	\$365	\$519
2	\$25,636	\$36,482	\$2,137	\$3,041	\$1,069	\$1,521	\$986	\$1,404	\$493	\$702
3	\$32,318	\$45,991	\$2,694	\$3,833	\$1,347	\$1,917	\$1,243	\$1,769	\$622	\$885
4	\$39,000	\$55,500	\$3,250	\$4,625	\$1,625	\$2,313	\$1,500	\$2,135	\$750	\$1,068
5	\$45,682	\$65,009	\$3,807	\$5,418	\$1,904	\$2,709	\$1,757	\$2,501	\$879	\$1,251
6	\$52,364	\$74,518	\$4,364	\$6,210	\$2,182	\$3,105	\$2,014	\$2,867	\$1,007	\$1,434
7	\$59,046	\$84,027	\$4,921	\$7,003	\$2,461	\$3,502	\$2,271	\$3,232	\$1,136	\$1,616
8	\$65,728	\$93,536	\$5,478	\$7,795	\$2,739	\$3,898	\$2,528	\$3,598	\$1,264	\$1,799
For each add. person, add	+\$6,682	+\$9,509	+\$557	+\$793	+\$279	+\$397	+\$257	+\$366	+\$129	+\$183

Return to:  
 or Apply Online:

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12  
*If more spaces are needed, use the Additional Names section on the back*

**Definition of Household Member:**  
 "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in **Foster Care, Head Start**, and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Read the directions for more information.

Child's First Name	MI	Child's Last Name	Student?	Grade	Head Start	Foster Child	Homeless, Migrant, Runaway
			Yes <input type="radio"/> No <input type="radio"/>				
			<input type="radio"/>				
			<input type="radio"/>				
			<input type="radio"/>				
			<input type="radio"/>				

Check any that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?  
 If NO → Go to STEP 3      If YES → Write the Eligibility Determination Group (EDG, n/a for FDIPIR) number here, then go to STEP 4 (do not complete STEP 3).      EDG Number

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

**A. Last four digits of Social Security Number (SSN) of an Adult Household Member**      XXX- XX-      Check if no SSN

**B. Income for Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. *If more spaces are needed, use the Additional Names section on the back.*

Name of Adult Household Members (First & Last)	Work Earnings				Public Assistance/ Child Support/Alimony				Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other				Frequency			
	W	E	T	M	A	W	E	T	M	A	W	E	T	M	A	
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Total Child Income      Total Household Members (Children & Adults)

**C. Income for Children in the Household**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. *If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.*

**STEP 4** Contact information and adult signature.

"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."

Street Address (if available)      Apt #      City      State      Zip code      Daytime Phone and Email (optional)

Printed name of adult signing the form      Signature of adult      Today's date

**STEP 5 (Optional)** Sharing Information with Other Programs

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this applicant. Completing this section will not change whether your children are eligible for free or reduced-price meals.

[ School must enter program list ]

**ADDITIONAL NAMES**

List any additional child household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?		Grade	Check any that apply	Foster Child	Homeless, Migrant, Runaway
			Yes	No				
			<input type="radio"/>	<input type="radio"/>				
			<input type="radio"/>	<input type="radio"/>				
			<input type="radio"/>	<input type="radio"/>				

List any additional adult household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

Name of Adult Household Members (First & Last)	Work Earnings	Public Assistance/Child Support/Alimony	Frequency				Pensions/Retirement/Social Security/SSI/VA Benefits/All Other	Frequency									
			W	E	T	M		A	W	E	T	M	A				
	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

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**DO NOT COMPLETE. This section for school use only.**

Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Household Size	Total Income	Frequency
		W E T M A
		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Categorical Determination	Eligibility	Free Reduced Denied
		<input type="radio"/> <input type="radio"/> <input type="radio"/>

Date Received	Date Withdrawn
Reviewing/Determining Official's Signature	Date
Confirming Official's Signature	Date