



# May Independent School District

*Where everybody is somebody*

**Steve Howard**  
*Superintendent*

August 25, 2021

Nick Heupel  
*High School Principal*

Chad Dail  
*High School Assistant  
Principal*

Allison Williams  
*Elementary Principal*

## **School Board Members**

Jeff Phillips  
*President*

Mark Hanson  
*Vice President*

Bo E. Allen  
*Secretary*

Ben McInnis  
*Board Member*

Charles Woods  
*Board Member*

Teri Murphree  
*Board Member*

Josh King  
*Board Member*

Dear May ISD Families,

This school year, the Department of Agriculture again is providing free breakfasts and lunches to public school children. This will benefit every family whose children receive school meals.

In the past, we have sent home applications for free and reduced lunches with each student enrolled in May ISD. We will continue to do so for several reasons.

1. Filling out the application may qualify your family for the Pandemic Electronic Benefits Transfer (P-EBT).
2. May ISD receives federal funds to purchase instructional materials and supplies that benefit our students based on the number of students who qualify for the free and reduced lunch program. The more applications are returned, the better the possibility of May ISD receiving these funds. We would appreciate your completed application even if you believe your family may not qualify.

Please note, if your family qualifies for SNAP or Medicaid, we are already notified, so you will not need to fill out the free and reduced lunch application.

The deadline for returning the forms is August 28, 2021 to qualify for P-EBT. We would appreciate your prompt response as well, as these applications will impact our ability to purchase instructional materials to benefit the students of May ISD!

Sincerely,  
May ISD Administration



# May Independent School District

*Where everybody is somebody*

Steve Howard  
Superintendente

25 de agosto de 2021

Nick Heupel  
Director de secundaria

Estimadas familias de May ISD:

Chad Dail  
Subdirector de escuela  
secundaria

Este año escolar, el Departamento de Agricultura nuevamente está proporcionando desayunos y almuerzos gratuitos a los niños de las escuelas públicas. Esto beneficiará a todas las familias cuyos hijos reciben comidas escolares.

Allison Williams  
Director de primaria

En el pasado, enviamos solicitudes a casa para almuerzos gratis o reducidos con cada estudiante inscrito en May ISD. Continuaremos haciéndolo por dos razones.

Miembros de la junta  
escolar

Completar la solicitud puede calificar a su familia para la Transferencia Electrónica de Beneficios Pandémica (P-EBT).

Jeff Phillips  
presidente

May ISD recibe fondos federales para comprar materiales y útiles de instrucción que benefician a nuestros estudiantes según la cantidad de estudiantes que califican para el programa de almuerzo gratis o reducido. Cuantas más solicitudes se devuelvan, más fondos recibirá la escuela. Por esta razón, agradeceríamos su solicitud completa incluso si cree que su familia puede no calificar.

Bo E. Allen  
Secretario

Tenga en cuenta que si su familia califica para SNAP o Medicaid, ya se nos notificó, por lo que no tendrá que completar la solicitud de almuerzo gratis o reducido.

Ben McInnis  
Miembro de la Junta

La fecha límite para devolver los formularios es el 28 de agosto de 2021 para calificar para P-EBT. ¡También apreciaríamos su pronta respuesta, ya que estas aplicaciones afectarán nuestra capacidad de comprar materiales de instrucción para beneficiar a los estudiantes de May ISD!

Charles Woods  
Miembro de la Junta

Teri Murphree  
Miembro de la Junta

Josh King  
Miembro de la Junta

Atentamente,  
Mayo Administración de ISD

## May ISD

Dear Parent/Guardian:

Children need healthy meals to learn. This school year, May ISD can offer healthy meals every school day to all students at no cost. Typically, a student's household must meet income eligibility requirements to qualify for free or reduced-price meals. However, the United States Department of Agriculture (USDA) issued guidance that allows schools to offer meals to all students at no cost for the 2021-2022 school year.

While no application or eligibility determination is required for your student to receive free meals this school year, income eligibility requirements will likely resume in the 2022-2023 school year. As such, to establish eligibility for free or reduced-price meals for the 2022-2023 school year, please complete an application for free or reduced-price meals this school year. Please note that if you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to Jenny Martin (254) 259-2091 or [jenny.martin@mayisd.org](mailto:jenny.martin@mayisd.org). If you have questions about applying for free or reduced-price meals, contact Jenny Martin (254) 259-2091 or [jenny.martin@mayisd.org](mailto:jenny.martin@mayisd.org).

### 1. Who Qualifies for Free Meal Status?

- **Income**—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
- **Special Assistance Program Participants**—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
- **Foster**—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- **Head Start or Early Head Start**—Children participating in these programs are eligible for free meals.
- **Homeless, Runaway, and Migrant**—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email insert homeless liaison and migrant coordinator information.
- **WIC Recipient**—Children in households participating in WIC may be eligible for free or reduced-price meals.

### 2. What If I Disagree with the School's Decision About My Application?

Talk to school officials. You also may ask for a hearing by calling or writing to Bo Allen at 18730 co rd 410 Sidney, 76474 or (254) 259-2098 .

### 3. What If My Income Is Not Always the Same?

List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.

### 4. If I Don't Qualify Now, May I Apply Later? Yes.

Apply at any time during the school year. A child 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.

### 5. We Are in The Military. Do We Report Our Income Differently?

Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.

### 6. 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.

### 7. Will Application Information Be Checked?

Yes. We may also ask you to send written proof of the reported household income.

### 8. My Family Needs More Help. Are There Other Programs We Might Apply For?

To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.

### 9. Can I Apply Online?

Yes! The online application has the same requirements and will ask you for the same information as the paper application. Visit [mayisd.com](http://mayisd.com) to begin or to learn more about the online application process. Contact [jenny.martin@mayisd.org](mailto:jenny.martin@mayisd.org) if you have questions about the online application.

If you have other questions or need help, call Jenny Martin Cafeteria Manager (254)259-2091.

si necesita ayuda, por favor llame al teléfono: Jenny Martin Cafeteria Manager (254)259-2091.

Sincerely,

Steve Howard Superintendent

## Directions for Applying for Free and Reduced-Price School Meals 2021-2022

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 May 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 Jenny Martin (254)259-2091 or [jenny.martin@mayisd.org](mailto:jenny.martin@mayisd.org) 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 May 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.

**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 May 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.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each additional family member add:					
	+ \$8,399	+ \$700	+ \$350	+ \$324	+ \$162

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).

##### **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 in person, email, or fax to:  
Jenny Martin, Cafeteria Manager  
3400 County Rd 411  
May, TX 76857  
jenny.martin@mayisd.org  
or fax (254) 259-3514
- If you have any questions or need assistance filing out this form, please contact Jenny Martin at: (254) 259-2091 or email [jenny.martin@mayisd.org](mailto:jenny.martin@mayisd.org).

### Adult Income Information Box

#### Earnings from Work

##### 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.

#### Public Assistance/ Child Support/Alimony

(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 *other* income in the next part.
- Unemployment benefits
- Worker's compensation

#### Pensions/Retirement/ Supplemental Security Income (SSI)

- 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

- Earned interest
- Investment income
- Regular cash payments from outside household
- Rental income

### Child's Income Information

#### 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

May ISD, 2021-2022 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

This Box for School Use Only.  
Date Withdrawn:

**Step 1:** Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

**A. 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.

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Participation in a Categorical Program**

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR? If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space \_\_\_\_\_, skip Step 2, and complete Step 3. If Yes to FDPIR, check this box  skip Step 2, and complete Step 3.

**Step 2:** Please read the directions for more information for the following questions.

**Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).**

**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 (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)**

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 income (without deductions) for each source in whole dollars only. Indicate the frequency of income: 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Check One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	__W__E__T__M__A	\$	__W__E__T__M__A	\$	__W__E__T__M__A	\$	__W__E__T__M__A
2.	\$	__W__E__T__M__A	\$	__W__E__T__M__A	\$	__W__E__T__M__A	\$	__W__E__T__M__A
3.	\$	__W__E__T__M__A	\$	__W__E__T__M__A	\$	__W__E__T__M__A	\$	__W__E__T__M__A

**C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)**

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

**D. Total Household Members (Count all children & adults living in the household)** \_\_\_\_\_

**Step 3:** Please read the directions for more information on signing this form.

**Provide Contact Information and Adult Signature. Return this application to Jenny Martin, Cafeteria Manager (254)259-2091**

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/Apt #

City

State

Zip

Daytime Phone and Email (Optional)

Printed Name of Adult Household Member Signing the Form

Signature of Adult Household Member Signing the Form

Today's Date

**Step 1: Additional Names**

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Step 2: Additional Names**

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

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.

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, audiotope, 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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Do Not Fill Out This Part. This Is For School Use Only.**

<b>Income Determination:</b> 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		<b>Date Received:</b>
Household Size: _____ Total Income: _____ Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>		<b>Categorical Determination:</b> <input type="checkbox"/>
Reviewing/Determining Official's Signature/Date		<b>Eligibility:</b> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Confirming Official's Signature/Date		

## Media Release for Seamless Summer Option Free Meals in School Year 2021-2022

*May ISD* announced its policy today that this school year, healthy meals will be offered every school day to all students at no cost. Typically, a student's household must meet income eligibility requirements to qualify for free or reduced-price meals. However, the United States Department of Agriculture (USDA) issued guidance that allows schools to offer meals to all students at no cost for the 2021-2022 school year.

While no application or eligibility determination is required for your student to receive free meals this school year, income eligibility requirements will likely resume in the 2022-2023 school year. As such, *May ISD* will process household applications during School Year 2021-2022 to ensure student eligibility for free or reduced-price meals during the first 30 days of the 2022-2023 school year while 2022-2023 applications are being processed. Each school/site or central office has a copy of the policy, which may be reviewed upon request.

Starting on 8/20/2021 will begin distributing letters to the households of the children in the district *May ISD* about these 2022-2023 eligibility benefits and actions households need to take to apply. Applications also are available at 3400 County Rd 411 May, TX 76857 (254)259-3711.

### Criteria for Free and Reduced-Price Meal Benefits to Start School Year 2022-2023

The following criteria will be used to determine a child's eligibility for free or reduced-price meal benefits at the beginning of School Year 2022-2023:

#### Income

1. Household income that is at or below the income eligibility levels

#### Categorical or Automatic Eligibility

2. Household receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF); or Food Distribution Program on Indian Reservations (FDPIR)

#### Program Participant

3. Child's status as a foster child, homeless, runaway, migrant, or displaced by a declared disaster
4. Child's enrollment in Head Start or Even Start

#### Income Eligibility

For those households that qualify for free or reduced-price meals based on income, an adult in the household must complete the free and reduced-price meal application and return it to *Jenny Martin Cafeteria Manager* (254)259-2091. Those individuals filling out the application will need to provide the following information:

1. Names of all household members
2. Amount, frequency, and source of current income for each household member
3. Last 4 digits of the Social Security number of the adult household member who signs the application or, if the adult does not have a social security number, check the box for "No Social Security number"
4. Signature of an adult household member attesting that the information provided is correct

#### Categorical or Program Eligibility

*May ISD* is working with local agencies to identify all children who are categorically and program eligible. *May ISD* will notify the households of these children that they do not need to complete an application. Any household that does not receive a letter and feels it should have should contact *Jenny Martin Cafeteria Manager* (254)259-2091



Any household that wishes to decline benefits should contact Jenny Martin Cafeteria Manager (254)259-2091.

Applications may be submitted anytime during the school year. The information households provide on the application will be used to determine eligibility. Applications may also be verified by the school officials at any time during the school year.

### **Determining Eligibility**

Under the provisions of the free and reduced-price meal policy, *Jenny Martin Cafeteria Manager (254)259-2091* will review applications and determine eligibility. Households or guardians dissatisfied with the Reviewing Official's eligibility determination may wish to discuss the decision with the Reviewing Official on an informal basis. Households wishing to make a formal appeal for a hearing on the decision may make a request either orally or in writing to *Bo Allen 18730 Co Rd 410 Sidney, TX 76474 (254)259-2091*.

### **Unexpected Circumstances**

If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the attached current income eligibility guidelines.

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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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## **Comunicado de prensa: Formulario de muestra para solicitud de comidas gratuitas y a precio reducido**

May ISD anunció el día de hoy su política para proporcionar comidas gratuitas y a precio reducido a los niños atendidos bajo las pautas adjuntas de elegibilidad según ingresos actuales. Cada escuela/sitio o la oficina central tiene una copia de la política, que puede ser revisada por cualquier persona que lo solicite.

A partir del 8/25/2021 comenzará a distribuir cartas a los hogares de los niños en el distrito *{or service area}* acerca de los beneficios de elegibilidad y las medidas que los hogares deben tomar para solicitar estos beneficios. Las solicitudes también están disponibles en *{insert address for contracting entity office or locations distributing applications}*.

### **Criterios para beneficios de comidas gratuitas y a precio reducido**

Los siguientes criterios se utilizarán para determinar la elegibilidad de un niño para recibir beneficios de comidas gratuitas o a precio reducido:

#### **Ingresos**

1. Ingresos del hogar que son iguales o inferiores a los niveles de elegibilidad.

#### **Elegibilidad categórica o automática**

2. Hogar que recibe ayuda del Programa de Asistencia Nutricional Suplementaria (SNAP), Asistencia Temporal para Familias Necesitadas (TANF) o del Programa de Distribución de Alimentos en Reservaciones de Nativos Americanos (FDPIR).

#### **Participante del programa**

3. Situación del niño en hogar sustituto, indigente, fugitivo, migrante o desplazado por un desastre declarado
4. Inscripción del niño en Head Start o Even Start

### **Elegibilidad según ingresos**

Para aquellos hogares que califican para comidas gratuitas o de precio reducido en función de los ingresos, un adulto en el hogar debe completar la solicitud de comidas gratuitas y a precio reducido y devolverla a *{insert name, title, and contact information}*. Las personas que completen la solicitud deberán proporcionar la siguiente información:

1. Nombres de todos los miembros del hogar.
2. Monto, frecuencia y fuente de ingresos actuales para cada miembro del hogar.
3. Los últimos cuatro (4) dígitos del número de Seguro Social del miembro adulto del hogar que firma la solicitud o, si el adulto no tiene un número de Seguro Social, marque la casilla "Sin número de Seguro Social".
4. Firma de un miembro adulto del hogar que acredite que la información provista es correcta.

### **Elegibilidad categórica o para el programa**

*{insert name of CE}* está trabajando con agencias locales para identificar a todos los niños que son elegibles categóricamente y para el programa. *{insert name of CE}* notificará a los hogares de estos niños que no necesitan completar una solicitud. Cualquier hogar que no reciba una carta y crea que debería haberlo hecho debe comunicarse con *{insert name, title, and contact information}*.

Cualquier hogar que desee rechazar los beneficios debe comunicarse con *Jenny Martin, Cafeteria Manager, (254) 259-2091*.

Las solicitudes pueden presentarse en cualquier momento durante el año escolar. La información que proporcionan los hogares en la solicitud se utilizará con el fin de determinar la elegibilidad. Las solicitudes también pueden ser verificadas por los funcionarios escolares en cualquier momento durante el año escolar.

### **Determinación de elegibilidad**

De acuerdo con las disposiciones de la política de comidas gratuitas y a precio reducido, *{insert title and name of reviewing official}* revisará las solicitudes y determinará la elegibilidad. Es posible que los hogares o tutores que no estén satisfechos con la determinación de elegibilidad por parte del funcionario encargado de la revisión deseen debatir la decisión con dicho funcionario de manera informal. Los hogares que deseen presentar una apelación formal para una audiencia sobre la decisión pueden presentar una solicitud verbalmente o por escrito a *{insert name of hearing official, title, and contact information}*.

### **Circunstancias inesperadas**

Si un miembro del hogar queda desempleado o si el tamaño del hogar aumenta, el hogar debe comunicarse con la escuela. Dichos cambios pueden hacer que los niños del hogar sean elegibles para los beneficios si los ingresos del hogar caen en o por debajo de las pautas de elegibilidad según ingresos actuales adjuntas.

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Los demás programas de asistencia nutricional del FNS, las agencias estatales y locales, y sus beneficiarios secundarios, deben publicar el siguiente Aviso de No Discriminación:

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](#), (AD-3027) que está disponible en línea en: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: 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; o (3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución es un proveedor que ofrece igualdad de oportunidades.