

## Instructions for requesting free and reduced-price school meals 202 2-2023

Use these instructions to complete the application for free or reduced-price school meals. Apply per household, even if children in the home attend more than one school in May ISD. Use a **pen** (not a pencil) when completing the application. The application must be completed in full for the school to determine if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved.** Please send a statement to April Chambers (254) 259-3711 or email [April.chambers@mavisd.org](mailto:April.chambers@mavisd.org) your questions.

### Step 1: List all household members who are infants, children, and students up to and including grade 12.

- **Make a list** of each child's name.
  - Print the first name, middle initial, and last name of each child in the home in the spaces. If there are more children than lines, use the back of the app to register additional names.
  - Include all household members who are 18 or younger and supported by household income, including children who are not enrolled in the district. Children do NOT have to be related to anyone in the home to be part of the home.
- **Check the box** that follows the child's name to show if the child is a student on May ISD.
- **Write down** the child's grade if the child is in school.
- **Check the appropriate box** if a child qualifies for free meals as a participant in the Head Start (including Early Head Start) foster care system, or if a child meets the criteria for homelessness, migrant, or fugitive.
  - Reviewing Foster indicates that a foster care agency or court has placed the child in your home. If the application is submitted only for foster children, 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 the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), register the Eligibility Determination Group (EDG) number in space.

If a child or adult in the household is a participant in the Indian Reserve Household Food Distribution Program (FDPIR), check the box to indicate participation. The May ISD will contact you for documentation of FDPIR's involvement.

If students at home are eligible under SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.

Reduced-Price Meal Income Eligibility Guidelines					
Family size	Annually	Monthly	Twice a month	Every two weeks	Weekly
1	US\$ 25,142	US\$ 2,096	US\$ 1,048	US\$ 967	US\$ 484
2	US\$ 33,874	US\$ 2,823	US\$ 1,412	US\$ 1,303	US\$ 652
3	US\$ 42,606	US\$ 3,551	US\$ 1,776	US\$ 1,639	US\$ 820
4	US\$ 51,338	US\$ 4,279	US\$ 2,140	US\$ 1,975	US\$ 988
5	US\$ 60,070	US\$ 5,006	US\$ 2,503	US\$ 2,311	US\$ 1,156
6	US\$ 68,802	US\$ 5,734	US\$ 2,867	US\$ 2,647	US\$ 1,324
7	US\$ 77,534	US\$ 6,462	US\$ 3,231	US\$ 2,983	US\$ 1,492
8	US\$ 86,266	US\$ 7,189	US\$ 3,595	US\$ 3,318	US\$ 1,659

For each additional family member, add:

**Step 2: Report the income of all household members.**

	+ \$8,732	+ \$728	+ \$364	+ \$336	+ \$168
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**Part A. Last four digits of an adult household member's Social Security (SSN) number**

- Provide the last four digits of an adult's Social Security number (SSN) in the home or check the box for non-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)**

- Write down the first and last name of each adult in the home in the space provided.  
If there are more adults in the home than there are available spaces, use the back of the app. **Children's income is indicated in Part C.**

Include all adults living in the household who 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 who are not supported by household income and do not contribute income to the household.

- Record the amount of income the adult receives under the income type: Income from work; Public Assistance/Child Support/Alimony; Pensions/Retirement/Social Security/Supplemental Security Income (SSI); and everyone else.

Report all amounts in gross receipts only and in whole dollars. Gross income is the total income received before taxes or deductions. Make sure that reported income has not been reduced by 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 household members or may be included in a separate application.

To write one 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 household income was incorrectly reported, the application will be verified by cause.

- **Mark** how often each type of income is received (frequency).

- W = Weekly
- E = Every 2 weeks
- T = Twice a month
- M = Monthly
- A = Annually

#### **Part C. Income for Children in the Home**

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

##### **Record adult income in Part B.**

Record the income of each child who receives regular income under the frequency that indicates how often the income is received.

The children's income information box (on the right) provides additional information on the types of income that should be reported for children in the household.

#### **Part D. Total household members**

- Write down 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 household eligibility.

#### **Step 3: Provide adult contact and signature information.**

- **Read** the certification statement.
- **Enter** your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but it helps us communicate with you quickly if we need to contact you.  
If you don't have a permanent address, this doesn't 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 promises 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 request to April Chambers, Director of Food Service, 3400 CR 411, May Texas 76857, [April.chambers@mayisd.org](mailto:April.chambers@mayisd.org) or fax (254) 259-2135.

### **Adult Income Information Box**

#### **Earnings from work**

##### **General types of income**

- Salary, salaries, cash bonuses
- Benefits of the strike

##### **United States Army**

- Subsidies for off-base housing, food and clothing
- Basic salary and cash bonuses (do NOT include combat pay, FSSA, or privatized housing subsidies)

##### **Self-employed**

- Net income from self-employment (farm or business): calculated by subtracting the company's total operating expenses from its gross income or income.

#### **Public Assistance / Child Support / Alimony**

(Do not report the value of any cash-value welfare benefits not listed in the table.)

- Alimony payments
- State or local government cash assistance
- Child support payments for court-ordered child support or alimony decree must be reported here. Informal but regular payments must be declared as *other* income in the next part.
- Unemployment benefits
- Workers' Compensation

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

- Annuities
- Income from trusts or estates
- Private pensions or invalidity
- Social Security (including railroad retirement and black lung benefits)
- Supplemental Security Income (SSI)
- Veterans Benefits

#### **All other income**

- Accrued interest
- Investment income
- Regular cash payments from outside the home
- Rental income

### **Child Income Information**

#### **Earnings of Work**

For example: A child has a job in which 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 Benefits**

For example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

#### **Revenue from any other source**

For example: A child receives income from a private pension fund, annuity or trust