

Media Release for Free and Reduced-Price Meals

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

Starting on August 27, 2018, Timpson ISD will begin distributing letters to the households of the children in the district about eligibility benefits and any actions households need to take to apply for these benefits. Applications also are available at any campus office at 836 Bear Drive, Timpson, TX 75975.

Criteria for Free and Reduced-Price Meal Benefits

The following criteria will be used to determine a child's eligibility for free or reduced-price meal benefits:

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 fill out free and reduced-price meal application and return it to Ginger Lee, Child Nutrition Director at 836 Bear Drive, Timpson, TX 75975 located in the Middle School building contact information}. 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

Timpson ISD is working with local agencies to identify all children who are categorically and program

eligible. Timpson 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 Ginger Lee, Child Nutrition Director at (936)558-4106 or glee@timpsonisd.com.

Any household that wishes to decline benefits should contact Ginger Lee, Child Nutrition Director (936)558-4106.

Applications may be submitted anytime during the school year. The information households provide on the application will be used for the purpose of determining 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, Ginger Lee, Child Nutrition Director 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 *Dr. Mid Johnson, P.O. Box 37, Timpson, TX 75975*.

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.

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.

Dear Parent/Guardian:

Children need healthy meals to learn. *Timpson ISD* offers healthy meals every school day. Breakfast costs \$0.00; lunch costs \$2.50. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$0.00 for breakfast and \$0.40 for lunch. 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 Ginger Lee, 836 Bear Drive Timpson, TX 75975. If you have questions about applying for free or reduced-price meals, contact Ginger Lee, (936)568-4106 or glee@timpsonisd.com.

1. **Who Can Get Free Meals?**

- **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, Early Head Start, and Even 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 Dr. Mid Johnson, 936-254-2463.
- .
- **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 *Dr. Mid Johnson, (936)254-2463 or P.O. Box 370 Timpson, TX 75975l.*

3. **My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.

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. **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.
6. **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.
7. **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.
8. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.
9. **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.

If you have other questions or need help, call GINGER LEE (936)558-4106. Si necesita ayuda, por favor llame al teléfono: Ginger Lee, (936)558-4106.

Sincerely,



TIMPSON ISD, 2018-2019 Multi-Use Application for Free and Reduced-Price School Meals

This Box for School Use Only.

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

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. | Student Attends School in District? | | Optional: Student ID Number | Check all that apply. | | | | |
|----------------------------|-------------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | | Foster | Head Start | Homeless | Migrant | Runaway |
| 1. First Name MI Last Name | <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. Total Household Members (Children & Adults)** _____
- B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX ____-__-__ Check if no SSN
- C. 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 2D.) | Work Earnings (Enter Amount) | | Public Assistance/Child Support/Alimony (Enter Amount) | | Pensions/Retirement/Social Security/Supplemental Security Income (Enter Amount) | | All Other (Enter Amount) | | Frequency (Circle One) |
|--|---------------------------------|--------|---|--------|--|--------|-----------------------------|--------|---------------------------|
| | Frequency (Circle One) | Amount | Frequency (Circle One) | Amount | Frequency (Circle One) | Amount | Frequency (Circle One) | Amount | |
| 1. \$ | W-E-T-M-A | \$ | 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 | \$ | 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 | \$ | W-E-T-M-A |

D. 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 combined total income by frequency for all children listed in Step 1. | Weekly | | Every 2 Weeks | | Twice per Month | | Monthly | | Annually |
|--|-----------|--------|---------------|--------|-----------------|--------|-----------|--------|----------|
| | Frequency | Amount | Frequency | Amount | Frequency | Amount | Frequency | Amount | |
| 1. | | \$ | | \$ | | \$ | | \$ | \$ |
| 2. | | \$ | | \$ | | \$ | | \$ | \$ |
| 3. | | \$ | | \$ | | \$ | | \$ | \$ |

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

Provide Contact Information and Adult Signature. Return this application to: Ginger Lee, Child Nutrition Director, 836 Bear Dr. Timpon, TX 75975.

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.

List each child's name.

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

Step 2: Additional Names

C. 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) | Public Assistance/Child Support/Alimony (Enter Amount) | Frequency (Circle One) | 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 |

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

| Record combined total income by frequency for all children listed in Step 1. | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually |
|--|--------|---------------|-----------------|---------|----------|
| 4. | \$ | \$ | \$ | \$ | \$ |
| 5. | \$ | \$ | \$ | \$ | \$ |

Step 4 (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 application. Completing this section will not change whether your children are eligible for free or reduced-price meals.

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, 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 (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.

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Do Not Fill Out This Part. This is For School Use Only.

Income Determination: 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

Household Size: _____ Total Income: _____

Weekly Every 2 Weeks Twice a Month Monthly Annually

Reviewing/Determining Official's Signature/Date _____

Confirming Official's Signature/Date _____

Date Received: _____

| Date Received: | Eligibility: | | | |
|----------------|---------------------------|--------------------------|--------------------------|--------------------------|
| | Categorical Determination | Free | Reduced | Denied |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TIMPSON ISD

Estimado Padre/Madre/Guardián:

Los niños necesitan comida sana para aprender. Timpson ISD ofrece alimentación sana todos los días escolares. El desayuno cuesta \$0.00; y el almuerzo cuesta \$2.50. **Sus niños podrían calificar para recibir comidas gratuitas o de precio reducido.** El precio reducido es \$0.00 para el desayuno y \$0.40 para el almuerzo. Si usted ha recibido una carta de notificación (de certificación directa) que indica que un niño califica para recibir comida gratuita, no llene una solicitud. Reporte a la escuela si hay niños en el hogar asistiendo a la escuela, pero que no se incluyeron en esta carta de certificación.

Las siguientes preguntas y respuestas, y las instrucciones adjuntas, proporcionan información adicional para como completar la solicitud. Complete sola una solicitud para todos los estudiantes en el hogar y entregue la solicitud completa a *Ginger Lee, 836 Bear Dr., 936-558-4106*. Si tiene preguntas sobre como solicitar comida gratuita o de precio reducido, póngase en contacto con Ginger Lee, 936-558-4106 or glee@timpsonisd.com.

1. ¿Quién puede recibir comida gratuita?

- **Ingresos** – Los niños pueden recibir comida gratuita o a precio reducido si el ingreso bruto del hogar se encuentra debajo de los límites de las *Guías Federales de Elegibilidad por Ingresos*.
- **Participantes de programas especiales** – Todos los niños en los hogares que reciben beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP), del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR), o del programa de Asistencia Temporal para Familias Necesitadas (TANF), califican para comida gratuita.
- **Los Niños Adoptivos Temporales (Foster Children)** – Los niños adoptivos temporales (foster children) que está bajo la responsabilidad legal de una agencia de cuidado temporal (foster care agency) o de una corte.
- **Head Start, Early Head Start, y Even Start** – Los niños que participan en Head Start, Early Head Start y Even Start también califican para recibir comida gratuita.
- **Los Niños Sin Hogar, Fugitivo y Migrante** – Los niños sin hogar, que son fugitivos o que son migrantes califican para recibir comida gratuita. Si usted cree que hay niño(s) en su hogar que cumplen con estas descripciones, y si no le han dicho que el niño es considerado como persona sin hogar, fugitivo o migrante, por favor llame o envíe un correo electrónico a Dr. Mid Johnson, 936-254-2463.
- **Beneficiarios del Programa WIC** – Los niños que viven en hogares que participan en el programa WIC **pueden ser** elegibles para recibir comida gratuita o a precio reducido.

2. **¿Qué sucede si no estoy de acuerdo con la decisión de la escuela sobre mi solicitud?** Debe hablar con los funcionarios escolares. También, puede apelar la decisión llamando o escribiendo al Dr. Mid Johnson, P.O. Box 370 Timpson, Texas 75975, 936-254-2463.

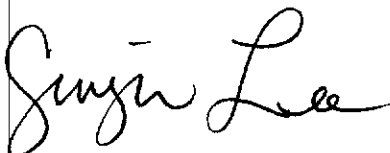
3. **La solicitud de mi hijo fue aprobada el año pasado. ¿Necesito llenar otra solicitud?** Sí. La solicitud de su hijo es válida solo

por un año escolar y los primeros días del año escolar actual. Debe entregar una solicitud nueva a menos de que la escuela le informó que su hijo es elegible para el nuevo año escolar.

4. **Si no califico ahora, ¿puedo solicitar más adelante?** Sí. Puede solicitar en cualquier momento durante el año escolar. Un niño con un padre, madre o guardián que pierde su trabajo puede calificar para recibir comida gratuita o a precio reducido si el ingreso del hogar cae debajo del límite del ingreso establecido.
5. **¿Qué pasa si mi ingreso no es igual siempre?** Reporte la cantidad que recibe normalmente. Si un miembro del hogar perdió un trabajo o le han reducido sus horas o su sueldo, use el ingreso actual.
6. **Estamos en las fuerzas armadas. ¿Tenemos que declarar nuestro ingreso diferente?** Su sueldo básico y los bonos en efectivo tienen que ser reportados como ingresos. Si recibe unos subsidios para vivienda fuera de la base militar, comida y ropa, o recibe pagos de Family Subsistence Supplemental Allowance (FSSA), tiene que incluirlos como ingresos. Si su vivienda es parte de la Iniciativa Privatizada de Vivienda Militar (Military Housing Privatization Initiative), no incluya este subsidio de vivienda como ingreso. Además, no cuente cualquier pago de combate adicional debido al despliegue militar como ingreso.
7. **¿Puedo solicitar si un miembro de mi hogar no es ciudadano estadounidense?** Sí. Usted, sus hijos, u otros miembros de su hogar no tienen que ser ciudadanos estadounidenses para calificar para recibir comida gratuita o a precio reducido.
8. **¿Van a verificar la información que yo doy?** Sí. También podemos pedir prueba escrita del ingreso del hogar que usted reporta.
9. **Mi familia necesita ayuda adicional. ¿Existen otros programas a los que podríamos solicitar?** Para enterarse de cómo solicitar otros beneficios de ayuda, llame a la oficina local de asistencia al 2-1-1.

Si tiene alguna pregunta o necesita ayuda, llame al Ginger Lee, 936-558-4106.

Atentamente,



Timpson ISD, Solicitud para Comidas Escolares Gratuitas y a Precio Reducido para Varios Usos del 2018-2019

This Box for School Use Only.
Date Withdrawn:

Llene una solicitud para cada hogar. Favor de usar un bolígrafo (no un lápiz).

Parte 1: Definición de Miembro del hogar: Una persona que vive con usted y comparte los ingresos y los gastos (aunque no estén relacionados). Los niños temporalmente adoptados (foster), niños que satisfacen a definición de migrantes, sin hogar (homeless), fugitivo, (runaway), o que participan en Head Start son elegibles para alimentos gratis. Por favor sea las instrucciones para obtener más información.

A. Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes hasta el Grado 12. Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.

Liste el nombre de cada niño. Asiste a la escuela en el distrito? Marque todo lo que aplique.

| Primer Nombre | Inicial del Segundo Nombre | Apellido | Si | No | Grado | Opcional: Número de Identificación del Estudiante | Niño Adoptivo Temporal (Foster) | Head Start | Sin Hogar | Migrante | Fugitivo |
|---------------|----------------------------|----------|--------------------------|--------------------------|-------|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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. Participación en las Diferentes Categorías de Elegibilidad

- Si todos los niños indicados en la Parte 1 participan en un programa de la lista arriba, ignore las Partes 2, y pase directamente a la Parte 3.
- ¿Recibe algún miembro del hogar (incluya a usted mismo) beneficios de los programas de asistencia: SNAP, TANF, o FDIPIR? No > Complénelo 2 y 3. Si > Escriba el número de Determinación de Elegibilidad (EDG, por sus siglas en inglés) en este espacio _____, y pase directamente a la Parte 3. Si > FDIPIR, marque en la casilla . Ignore las Partes 2, y pase directamente a la Parte 3.

Parte 2: Lea las instrucciones para obtener más información para las siguientes preguntas.

Report income for ALL household members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDIPIR in Step 1).

A. Total Household Members (Children & Adults)

B. Los últimos cuatro números del Seguro Social (SSN) del miembro del hogar que llenó la solicitud: XXX-XX ____-__-__ Marque aquí si no tiene un SSN

C. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores). Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.

Liste a todos los Miembros del Hogar que no son listados en la Parte 1 (incluya a usted mismo) incluso si no reciben ingresos. Para cada Miembro del Hogar indicado que recibe ingresos, anote el ingreso (sin deducciones) total de cada fuente en dólares redondeados. Ponga la frecuencia en que recibe su ingreso: W=Semanal, E=Cada 2 semanas, I=2 veces por mes, M=Mensual, A=Anualmente. Si la persona no recibe ingreso, escriba '0'. Si escribe '0' o deja algún espacio en blanco, está certificando (prometiendo) que no hay ingreso para reportar.

| Primer Nombre del Adulto/ Apellido (No incluya los ingresos de los niños en esta sección. Los ingresos de los menores se anota en 2D) | Sueldo de Trabajo (Ponga el monto) | Frecuencia (Marque la frecuencia con un círculo) | Asistencia Social/ Manutención de niños / Pensión alimenticia (Ponga el monto) | Frecuencia (Marque la frecuencia con un círculo) | Pensiones/Jubilación/ Seguro social/ SSI (Ponga el monto) | Frecuencia (Marque la frecuencia con un círculo) | Otros Ingresos (Ponga el monto) | Frecuencia (Marque la frecuencia con un círculo) |
|---|------------------------------------|--|--|--|---|--|---------------------------------|--|
| 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 |

D. Ingresos (Brutos) de los Niños del Hogar (No incluya los ingresos de los adultos.) Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.

Liste los ingresos para todos los niños indicados en Parte 1 por la frecuencia que se recibe.

| | Semanal | Cada dos semanas | Mensual | Anualmente |
|-------|---------|------------------|---------|------------|
| 1. \$ | \$ | \$ | \$ | \$ |
| 2. \$ | \$ | \$ | \$ | \$ |
| 3. \$ | \$ | \$ | \$ | \$ |

Parte 3: Lea las instrucciones para obtener más información sobre cómo firmar este formulario.

Proporcione su información de contacto y Firma de Adulto. Regrese esta solicitud a: Ginger Lee 836 Bear Drive, Timpson, TX 75975

Certifico (juro) que toda la información en esta solicitud es cierta y que he reportado todos los ingresos. Entiendo que esta información se da con el propósito de recibir fondos federales y que los funcionarios de la escuela pueden verificar tal información. Entiendo que si falsifico información a propósito, mis hijos pueden perder los beneficios de comida y que puedo ser procesado de acuerdo con las leyes estatales y federales que aplican.

Dirección/Apt. _____ Ciudad _____ Estado _____ Código Postal _____ Número de teléfono y correo electrónico (opcional) _____
 Miembro (Adulto) del hogar que llenó solicitud _____ Fecha de hoy _____

Parte 1: Nombres Adicional

Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes Hasta el Grado 12.

Liste el nombre de cada niño.

Marque todo lo que aplique.

| Primer Nombre | Inicial del Segundo Nombre | Apellido | ¿Asiste a la escuela en el distrito? | Opcional: Número de Identificación del Estudiante | Niño Adoptivo Temporal (Foster) | Head Start | Sin Hogar | Migrante | Fugitivo |
|---------------|----------------------------|----------|---|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. | | | <input type="checkbox"/> Sí <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | | <input type="checkbox"/> Sí <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | | <input type="checkbox"/> Sí <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Parte 2: Nombres Adicional

C. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores).

| Primer Nombre del Adulto/ Apellido (No incluya los ingresos de los niños en esta sección. Los ingresos de los menores se anota en 2D) | Frecuencia (Marque la frecuencia con un círculo) | Asistencia Social/ Manutención de niños / Pensión alimenticia (Ponga el monto) | Frecuencia (Marque la frecuencia con un círculo) | Pensiones/Jubilación/ Seguro social/ SSI (Ponga el monto) | Frecuencia (Marque la frecuencia con un círculo) | Otros Ingresos (Ponga el monto) | Frecuencia (Marque la frecuencia con un círculo) |
|--|--|--|--|---|--|---------------------------------|--|
| 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 |

D. Ingresos (Brutos) de los Niños del Hogar (No incluya los ingresos de los adultos.) Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.

Añote los ingresos para todos los niños indicados en Parte 1 por frecuencia.

| | Semanal | Cada dos semanas | Dos veces por mes | Mensual | Anualmente |
|----|---------|------------------|-------------------|---------|------------|
| 4. | \$ | \$ | \$ | \$ | \$ |
| 5. | \$ | \$ | \$ | \$ | \$ |
| 6. | \$ | \$ | \$ | \$ | \$ |

Step 4 (Optional) Permiso para Compartir Información con Otros Programas

Para los siguientes programas, necesitamos su permiso para compartir su información. Por favor, marque con un círculo cualquier programa o beneficio de la lista siguiente del que usted desee recibir la información en esta solicitud. El hecho de llenar esta sección no cambiará si sus niños pueden recibir o no comida gratuita o a precio reducido.

La Ley Nacional de Alimentos Escolares Richard B. Russell pide la información arriba en esta solicitud. No tiene que dar la información, pero si usted no la provee, no podemos aprobar comida gratuita o de precio reducido para sus niños. Usted debe incluir los últimos cuatro números del Seguro Social (SSN) del adulto que firma la solicitud. Los últimos cuatro números del SSN no se requieren cuando usted solicita de parte de un niño adoptivo temporal o usted incluye un número de caso del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Comida en Reservaciones Indígenas (FDPIR, por sus siglas en inglés) u otra identificación FDPIR de su niño. Tampoco necesita indicar el número del SSN si el adulto del hogar que firma la solicitud no tiene. Utilizamos su información para determinar si su niño es elegible para la comida gratuita o de precio reducido, y para administrar y hacer respetar los programas de almuerzo y desayuno. Podemos compartir la información sobre su elegibilidad con los programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar los beneficios de sus programas, así como con los auditores de revisión de programas, y los oficiales encargados de investigar violaciones del reglamento programático.

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 necesitan 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 discapacidades 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: http://www.ascr.usda.gov/complaint_filing_cust.html 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. Esta institución es un proveedor que ofrece igualdad de oportunidades.

Do Not Fill Out This Part. This is For School Use Only.

Income Determination: 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 12 | Monthly x 12

Household Size: _____ Total Income: _____

Weekly Every 2 Weeks Twice a Month Monthly Annually

Reviewing/Determining Official's Signature/Date: _____

Confirming Official's Signature/Date: _____

Date Received: _____

Categorical Determination: Free Reduced Denied

Income Eligibility Guidelines for Determining Free and Reduced Price Benefits

Effective from July 1, 2018 to June 30, 2019

| Family Size | Annually | | Monthly | | Twice per Month | | Every Two Weeks | | Weekly | |
|---|----------|-----------|---------|---------|-----------------|---------|-----------------|---------|---------|---------|
| | Free | Reduced | Free | Reduced | Free | Reduced | Free | Reduced | Free | Reduced |
| 1 | \$15,782 | \$22,459 | \$1,316 | \$1,872 | \$658 | \$936 | \$607 | \$864 | \$304 | \$432 |
| 2 | \$21,398 | \$30,451 | \$1,784 | \$2,538 | \$892 | \$1,269 | \$823 | \$1,172 | \$412 | \$586 |
| 3 | \$27,014 | \$38,443 | \$2,252 | \$3,204 | \$1,126 | \$1,602 | \$1,039 | \$1,479 | \$520 | \$740 |
| 4 | \$32,630 | \$46,435 | \$2,720 | \$3,870 | \$1,360 | \$1,935 | \$1,255 | \$1,786 | \$628 | \$893 |
| 5 | \$38,246 | \$54,427 | \$3,188 | \$4,536 | \$1,594 | \$2,268 | \$1,471 | \$2,094 | \$736 | \$1,047 |
| 6 | \$43,862 | \$62,419 | \$3,656 | \$5,202 | \$1,828 | \$2,601 | \$1,687 | \$2,401 | \$844 | \$1,201 |
| 7 | \$49,478 | \$70,411 | \$4,124 | \$5,868 | \$2,062 | \$2,934 | \$1,903 | \$2,709 | \$952 | \$1,355 |
| 8 | \$55,094 | \$78,403 | \$4,592 | \$6,534 | \$2,296 | \$3,267 | \$2,119 | \$3,016 | \$1,060 | \$1,508 |
| 9 | \$60,710 | \$86,395 | \$5,060 | \$7,200 | \$2,530 | \$3,600 | \$2,335 | \$3,324 | \$1,168 | \$1,662 |
| 10 | \$66,326 | \$94,387 | \$5,528 | \$7,866 | \$2,764 | \$3,933 | \$2,551 | \$3,632 | \$1,276 | \$1,816 |
| 11 | \$71,942 | \$102,379 | \$5,996 | \$8,532 | \$2,998 | \$4,266 | \$2,767 | \$3,940 | \$1,384 | \$1,970 |
| 12 | \$77,558 | \$110,371 | \$6,464 | \$9,198 | \$3,232 | \$4,599 | \$2,983 | \$4,248 | \$1,492 | \$2,124 |
| <i>For each additional family member add:</i> | | | | | | | | | | |
| | +\$5,616 | +\$7,992 | +\$468 | +\$666 | +\$234 | +\$333 | +\$216 | +\$308 | +\$108 | +\$154 |

TIMPSON ISD CHARGE POLICY

836 Bear Dr. Timpson, TX 75975

936/254-2463

Dr. Mid Johnson, Superintendent

Ginger Lee, Child Nutrition Director

The sole purpose of Timpson Child Nutrition Department (TCND) is to serve hot nutritious meals to the students of Timpson ISD while staying within the guidelines as set forth by USDA and TDA.

- The Timpson Child Nutrition Department will adhere to a strict **NO CHARGE** policy on any items such as extra entrees', extra side items, as well as a la carte items including ice cream, snacks, etc.
- Students are allowed to charge up to three lunch meals if funds are not available. After the limit has been reached, an alternate meal will be substituted in place until the account is brought current. The alternate meal will consist of a sandwich, fruit and milk. **It is our desire that NO child have to take the alternate meal.**
- We will notify parents of the negative balance either in writing or through a personal phone call from the Child Nutrition Department Director.
- **PAYMENTS: In order to prevent stigmatizing or causing embarrassment of a student due to lack of funds, we ask that parents keep enough funds available in your child's account.** You may do so by making payments at any time of day in the cafeteria. TCND will accept cash or checks. Checks will need to be made to Timpson ISD. Please write your child's name or student ID on the check.
- Parents may also use Lunch Money Now, located on the District website to deposit money electronically to their child's lunch account for a small fee of \$2.50 at any time. With this service parents will have the opportunity to see what the balance is on their account, what they are purchasing and receive low balance email notices from Lunch Money Now.
- If you want to limit your child from certain purchases, we can flag the account to help you monitor all transactions. (Example: one ice cream per day).
- **Free/Reduced** applications are available at each campus and sent home at the beginning of the school year along with the charge policy. Applications may be submitted anytime during the school year.
- TISD staff and their children are allowed to charge and those charges will be deducted from their pay monthly.

Please contact the Child Nutrition Director for student account information at the number or email below.

Ginger Lee

glee@timpsonisd.com

(936)558-4106

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