

Income Eligibility Guidelines for Determining Free and Reduced-Price Benefits

Effective from July 1, 2022 to June 30, 2023

Family Size	Annually		Monthly		Twice per Month		Every Two Weeks		Weekly	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$17,667	\$25,142	\$1,473	\$2,096	\$737	\$1,048	\$680	\$967	\$340	\$484
2	\$23,803	\$33,874	\$1,984	\$2,823	\$992	\$1,412	\$916	\$1,303	\$458	\$652
3	\$29,939	\$42,606	\$2,495	\$3,551	\$1,248	\$1,776	\$1,152	\$1,639	\$576	\$820
4	\$36,075	\$51,338	\$3,007	\$4,279	\$1,504	\$2,140	\$1,388	\$1,975	\$694	\$988
5	\$42,211	\$60,070	\$3,518	\$5,006	\$1,759	\$2,503	\$1,624	\$2,311	\$812	\$1,156
6	\$48,347	\$68,802	\$4,029	\$5,734	\$2,015	\$2,867	\$1,860	\$2,647	\$930	\$1,324
7	\$54,483	\$77,534	\$4,541	\$6,462	\$2,271	\$3,231	\$2,096	\$2,983	\$1,048	\$1,492
8	\$60,619	\$86,266	\$5,052	\$7,189	\$2,526	\$3,595	\$2,332	\$3,318	\$1,166	\$1,659
For each additional family member add:										
	+\$6,136	+\$8,732	+\$512	+\$728	+\$256	+\$364	+\$236	+\$336	+\$118	+\$168

CENTER INDEPENDENT SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. CENTER ISD offers healthy meals every school day. Breakfast costs **FREE FOR ALL STUDENTS**; lunch costs **FL MOFFETT, CES & CMS \$2.75 – CHS \$2.95**. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **FREE** 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 Tina Byrnes or Lesa Robertson, P O Drawer 1689, Center, Texas 75935, 936-598-1599. If you have questions about applying for free or reduced-price meals, contact Lesa Robertson at 936-598-1599 or by email at lesa.robertson@centerisd.org.

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 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
- Inez Hughes at 936-598-5642 ext. 2707 or inez.hughes@centerisd.org.
- **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 Holly Mikesh at 936-598-5642 ext. 2110 or holly.mikesh@centerisd.org.

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 Lesa Robertson 936-598-1599. Si necesita ayuda, por favor llame al teléfono: Lesa Robertson at 936-598-1599.

Sincerely,

Lesa Robertson

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CENTER INDEPENDENT SCHOOL DISTRICT, 2022-2023 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

This Box for School Use Only.
Date Withdrawn:

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

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"/>	<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"/>	<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"/>	<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"/>	<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)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental 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
2. \$	\$	\$	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

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

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.

Optional: Student ID Number

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway
			Yes	No							
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.)

4.	5.	6.	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)
			\$	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	\$	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	\$	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
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$

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 FDPFR 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-1-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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

Date Received: _____

Categorical Determination:

Eligibility: Free Reduced Denied

Reviewing/Determining Official's Signature/Date _____

Confirming Official's Signature/Date _____

3:

Provide Contact Information and Adult Signature. Return this application to P O DRAWER 1689, CENTER, TX 75935 OR return to your child's school.

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

CENTER INDEPENDENT SCHOOL DISTRICT, Solicitud Estándar (para Varios Niños) para Comidas Escolares Gratuitas y a Precio Reducido para del 2022-2023

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 la definición de migrantes, sin hogar, (homeless), fugitivo, (runaway), o que participan en Head Start son elegibles para alimentos gratis. Por favor, lea 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, use la sección de nombre adicional en parte de atrás de la página.

Liste el nombre de cada niño.	Primer Nombre	Inicial del Segundo Nombre	Apellido	¿Asiste a la escuela en el distrito?		Grado	Número de Identificación del Estudiante	Niño Adoptivo Temporal (Foster)	Marque todo lo que aplique.				
				Sí	No				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"/>	<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"/>	<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"/>	<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"/>	<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 > Completé 2 y 3. Si > Escriba el número de Determinación de Elegibilidad (EDG, por sus siglas en inglés) en este espacio 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.

Declare el Ingreso de TODOS los Miembros del Hogar (ignore este parte si escribió un número de EDG en la Parte 2).

A. 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

B. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores). Si necesita más espacio, use 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, B=Cada 2 semanas, T=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 2C)	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

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

Liste el ingreso regular por la frecuencia para cada niño que recibe ingreso que listado en el Parte 1.

	Semanal	Cada dos semanas	Dos veces por mes	Mensual	Anualmente
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

D. Total de los miembros del hogar (Cuenta todos los niños y adultos que viven en el hogar.)

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: P O DRAWER 1689, CENTER, TX 75935 and/or return to your child's school.

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 _____

Firma del adulto que llenó la solicitud _____

Fecha de hoy _____

Parte I. Nombres Adicional

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

¿Asiste a la escuela en el distrito?

Primer Nombre	Inicial del Segundo Nombre	Apellido	Sí	No	Grado	Opcional: Número de Identificación del Estudiante	Niño Adoptivo Temporal (Foster)	Head Start	Sin Hogar	Migrant	Fugitivo
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Parte 2. Nombres Adicional

B. 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 anotan en 2D)	Apellido	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/Subsidios/ 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

C. 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.

Lista el ingreso regular por la frecuencia para cada niño que recibe ingreso que listado en el Parte 1.	Semanal	Cada dos semanas	Mensual	Anualmente
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$

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.

Para todos los demás programas de asistencia de nutrición del PNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación: De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles. La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alterados de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/asista-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a 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; or
- (2) fax: (833) 256-1665 o (202) 690-7442; o
- (3) correo electrónico: program.intake@usda.gov

Esta entidad es un proveedor que brinda igualdad de oportunidades.

Do Not Fill Out This Part Unless 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 | etc. | Monthly x 12

Date Received: _____

Categorical Determination:

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"/>	Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Reviewing/Determining Official's Signature/Date		Confirming Official's Signature/Date					