

## Directions for Applying for Free and Reduced-Price School Meals 2022-2023

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 Pasadena ISD. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for Nutrition Services 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 Nutrition Services at 713-740-0146 or 713-740-0093 or by email at [nutritionservices@pasadenaisd.org](mailto:nutritionservices@pasadenaisd.org) with your questions.

### Step 1 A: 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. Date of birth, school name and student ID number is (optional). If there are more children than lines, use another 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 to show if the child is a student in Pasadena ISD.
- **Record** the child's grade if the child is in school.
- **Check** the appropriate box if the 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.
- **Income for Children in the Household**  
**Record** the total income **for each child in the household who receives regular income** by how often income is received (frequency).

#### Record adult income in Step 2B.

Record the income for each child who receives regular income under the frequency indicating how often the income is received.

The Children Income Information Box (to the right) provides additional information on the types of income that needs to be reported for children in the household.

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

### B. 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. Nutrition Services 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.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$25,142	\$2,096	\$1048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
<b>For each additional family member add:</b>					
	+ \$8,732	+ \$728	+ \$364	+ \$336	+ \$168

### 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 another application.  
**Children's income is reported in Step 1A.**  
**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.  
**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.

- **Fill in the Circle** how often each type of income is received (frequency).
  - ❖ Weekly
  - ❖ Every 2 Weeks
  - ❖ Twice per Month
  - ❖ Monthly
  - ❖ Annually

#### Part C. 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.

**Return this application to Nutrition Services, 1515 Cherrybrook, Pasadena, TX 77502, by fax 713-740-4018, by email to [nutritionservices@pasadenaisd.org](mailto:nutritionservices@pasadenaisd.org) or your child's school.**

- **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 first and last 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 the 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 letter to the household for free and reduced-price school meals.

Adult Income Information Box	
<b>Earnings from Work</b>	General Types of Income <ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Strike benefits</li> </ul> U.S. Military <ul style="list-style-type: none"> <li>• Allowances for off-base housing, food, and clothing</li> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> </ul> Self-Employed Worker <ul style="list-style-type: none"> <li>• Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.</li> </ul>
<b>Public Assistance/Child Support/Alimony</b>	(Do not report the value of any cash value public assistance benefits NOT listed on the chart.) <ul style="list-style-type: none"> <li>• Alimony payments</li> <li>• Cash assistance from State or local government</li> <li>• 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.</li> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> </ul>
<b>Pensions/Retirement/Supplemental Security Income (SSI)</b>	<ul style="list-style-type: none"> <li>• Annuities</li> <li>• Income from trusts or estates</li> <li>• Private Pensions or disability</li> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Supplemental Security Income (SSI)</li> <li>• Veteran's benefits</li> </ul>
<b>All Other Income</b>	<ul style="list-style-type: none"> <li>• Earned interest</li> <li>• Investment income</li> <li>• Regular cash payments from outside household</li> <li>• Rental income</li> </ul>