

Directions for Applying For Free and Reduced-Price School Meals

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 Katherine Anne Porter. Please use a **pen** (not a pencil) when completing the application.

The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. An incomplete application cannot be approved. Please contact Paul Michels, 512.847.6867, pmichels@kapschool.org with your questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up To and Including Grade 12.

- List each child's name.
 - Print the first name, middle initial, and last name for each child in the household in the spaces provided. If there are more children in the household than lines on the application, use the back of the application to record additional names.

Special Directions:

Include all members in the household who are age 18 or under and are supported with the household's income. Children do NOT have to be related to anyone in the household to be a part of the household.

- Mark the box following the child's name if the child is a student in the Katherine Anne Porter School.
- Check the appropriate box if the child qualifies for free meals as participant in the foster care system; as a participant in a Head Start, Early Head Start, or Even Start program; or as a child meeting the criteria for homeless, migrant, or runaway.

Special Directions

On this application, checking Foster indicates that a foster care agency or court has placed the child in your home. Foster children who live in the household may count as members of the household and may be listed on your application. If the application is being submitted for foster children only, complete Step 1, skip Steps 2 and 3, and go to Step 4.

If all children in the household are participants in one of these programs, skip Steps 2 and 3 and go to Step 4.

Step 2: Do Any Household Members (Including You) Currently Participate in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)?

- If no one in the household currently participates in any one of these programs
Skip the remaining questions in Step 2, and go to Step 3.
- If anyone in the household participates one of these programs
Record the Eligibility Determination Group Number (EDG) in the space provided, skip Step 3, and go to Step 4.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
<i>For each additional family member add:</i>					
	+	+	+	+	+
	\$7,696	\$642	\$321	\$296	\$148

Step 3: Report Income for All Household Members.

Part A. Income for Children in the Household

- **Record** the total income for all children by how often the income is received (frequency). **Do not include income for adults in this section. Record the income of adults in Part B.**

Special Directions:

It is not necessary to record the income of the children in the household individually. Instead, combine and report children's total income by frequency. For example, combine all income received weekly and record the total amount in the space under weekly.

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

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

Part B. Income for All Adult Household Members (Including Yourself)

- **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 the spaces provided, use the back of the application. **Do not include the income of children in Part B. Children's income is reported in Part A.**

Special Directions:

In this section, include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the family and even if the adult does not receive income of her or his own. Do not include people who live in the household but 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)
 - All Other

Special Directions:

Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Many people think of income as the amount they take home and not the total, gross amount. Ensure that the income reported on this application 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 part of the household, but are not required to be included.

Write a 0 in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.

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

- W = Weekly
- E = Every 2 Weeks
- T = Twice per Month
- M = Monthly
- A = Annually

- **Record** the total number of children and adults in the household in the appropriate box.

Special Directions:

This number MUST be equal to the number of household members listed in Step 1 and Step 3. If there are any members of the household that have not been listed on the application, go back and add them. It is very important to list all household members, as the size of the household determines the household eligibility.

- **Provide** the last four digits of the Social Security number (SSN) of the adult signing the application or check the box for no SSN.

Special Directions:

A social security number is not required to apply for these programs.

Adult Income Information Box	
Earnings from Work	
<i>General Types of Income</i>	
▪	Salary, wages, cash bonuses
▪	Strike benefits
<i>U.S. Military</i>	
▪	Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
▪	Allowances for off-base housing, food, and clothing
<i>Self-Employed Worker</i>	
▪	Net income from self-employment

Step 4: Provide Contact Information and Adult Signature.

- **Read** the certification statement.

- **Write** your current address and contact information in the fields provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

Special Directions:

If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.

- **Print** the name of the adult completing the form in the spaced provided.

- **Sign** the form.

Special Directions:

All applications must be signed by the adult household member completing the application. By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.

- **Record** today's date in the appropriate box.