



**SCHOOL YEAR 2021-2022 LETTER TO HOUSEHOLDS
NATIONAL SCHOOL LUNCH/BREAKFAST PROGRAM**



Dear Parent/Guardian

Children need healthy meals to learn. The Katy ISD Nutrition and Food Service Department provides healthy meals (breakfast and lunch) each day. Your children may qualify for free or reduced-price meal benefits. You are not automatically re-enrolled in the program; therefore, you must apply for the Free and Reduced meal program every school year. As a result of the continuing pandemic, all school meals during the 2021-2022 school year will be offered at no cost to students, regardless of their eligibility. However, additional academic, monetary, and meal benefits (including PEPT money if available) are only accessible with an approved Free and Reduced meal application. The meal benefits application is now located online and you will not receive a paper copy from your school. If you received a notification letter that a child is directly certified for free or reduced priced meals, do not complete an application. Let the Nutrition and Food Service office know if any children in the household attending school are not listed in the letter (281-396-6240).

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. For the FASTEST processing, enter your information ONLINE at www.schoolcafe.com/katysid.** Return a completed paper application to either: the school, the Nutrition and Food Service Office at 5364 Franz Rd, Katy, TX 77493, or mail at P.O. Box 159, Katy TX 77492-0159. Call 281-396-6240 for assistance.

- 1. Who can get free meals? Income** - Children can get free or reduced-price meals if your household's gross income (total, without deductions) is within the limits described on the Federal Income Eligibility Guidelines. **Special Assistance Program Participants** - Children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals. **Foster** - Foster children under the legal responsibility of a foster care agency or court are eligible for free meals and application must be submitted. **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 the district Homeless Liaison at 281-396-2612 or Migrant Coordinator at 281-237-2605. **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?** First, you should call the food service office at 281-396-2662 to discuss your application. If your question is not resolved, you also may ask for a hearing by calling or writing to: **Donna Pittenger, R.D., Executive Director of Nutrition and Food Service, 5364 Franz Rd, Katy TX 77493. Tel # 281-396-6240.**
- 3. My child's application was approved last year. Do I need to fill out another one?** Yes. An application is only good for that school year and the first few days of this school year. Send in a new application unless you have received a letter from Katy ISD Nutrition and Food Service telling 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 that you normally receive. 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 child(ren), 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 call 2-1-1.
- 10. Can I apply Online? Yes!** The online application has the same requirements and will ask you for the same information as the paper application. Visit www.schoolcafe.com/katysid to begin or to learn more about the online application process. Contact our office if you have questions about the online application.

Sincerely,
Katy ISD Nutrition and Food Service Department
Phone: 281-396-6240 E-mail: mealbenefits@katysid.org Web: www.katysidfoodservices.com

Your child(ren) may qualify for free or reduced-price meals if your household income falls within the limits on this chart.

Application Instructions

Part 1: Household Members – Use one application for all Katy ISD students living in the home. Check the appropriate box if any child is homeless, migrant or runaway.

Part 2: Benefits – If your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), write the EDG (Eligibility Determination Number) for each student then skip to Part 4. Signature of an adult household member is required. If your household does not receive Food Stamps or TANF, write "N/A".

Column 1: List names of all household members.

Part 3: Column 2-5: Provide the gross (amount earned before taxes and other deductions) income for each person and how often the income is received. Enter the amount under the appropriate type of income and identify the abbreviation for how often income is received. (A=Annually, M=Monthly, T=Twice Per Month, E=Every Two Weeks, W=Weekly)

If the household member does 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. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.

Column 2: List any earnings from work before deductions.

Column 3: List any earnings from welfare, child support or alimony.

Column 4: List any earnings from pensions, retirement, Social Security, Supplemental Security Income (SSI) or Veteran's benefits (VA benefits).

Column 5: List the amount each person receives from **all other sources**. Include Worker's Compensation, unemployment, strike benefits, disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. You should report net income for self-owned business, farm or rental income. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Column 6: Write the names of the school where each student attends. Write "NONE" if member does not attend a Katy ISD school.

Column 7: List birthdates for each student in the household. Format should be Month / Day / Year (Example: November 10, 2001 should be 11/10/2001).

Column 8: Write each student's grade level. Write "NONE" if member does not attend a Katy ISD school.

Column 9: Is the student a foster child? Circle YES or NO in this column.

Part 4: Read the certification statement. An adult member of the household **MUST sign** the form, record current date, and list the last four digits of their social security number or mark the box next to "NONE" indicating if he/she does not have a social security number. **Write** your current address and contact information. Sharing a phone number or email address is optional, but helps us reach you quickly if we need to contact you. **Record** the total number of children and adults in the household in appropriate box. By signing the application, the household member is promising that all information has been truthfully and completely reported. Please read the privacy and civil rights statements at the bottom of the application.

Income Eligibility Reduced-Price Guidelines July 1, 2021–June 30, 2022					
Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
<i>For each additional family member add:</i>					
	+ \$8,399	+ \$700	+ \$350	+ \$324	+ \$162



Nutrition & Food Service
281-396-6240
5364 Franz Rd, Katy, TX 77493



Want your application processed faster?
Complete your application online at www.katyisdfoodserves.com
Applications are accepted at any time during the school year.

2021-2022 Multi-Child Free and Reduced- Price School Meals Application

FOR OFFICE USE
ONLY
App#: _____
Eligibility: _____
Initials: _____

DATE RECEIVED

Part 1. Household Members: **Please use only ONE application for ALL Katy ISD students living in the home.** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call: Homeless Liaison 281-396-2612 or Migrant Liaison 281-396-2605.
 Homeless Migrant Runaway

Part 2. Benefits - If any member of your household receives SNAP, FDPIR, or TANF, provide the Eligibility Determination Group (EDG) Number. This is the 8 or 9 digit number that appears on the benefits approval letter. The case or the card # is not a valid number.
EDG# _____

1	2	3	4	5	6	7	8	9
List names of EVERYONE living in the house. Definition of Household Members : "Anyone who is living with you and shares income and expenses, even if not related." Last Name, First Name, Middle Initial	Part 3. Provide the gross income for each person and how often the income is received. Enter the amount in the first line under the appropriate type of income. Enter the abbreviation for how often the income is received in the second blank. 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. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)				Write the school name for each student. (If currently attending Katy ISD.)	List birthdates for each student living in the household. (MM / DD / YYYY)	List grade of each student. Write none if member does not attend Katy ISD school.	Is applicant a foster child and/or the legal responsibility of a welfare agency or court?
	Earnings from Work Before Deductions	Public Assistance, Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI or VA Benefits	All Other Income				
<i>Example: Smith, Jane D</i>	\$ 199.00 / E	\$ 149.00 / M	\$ 99.00 / M	\$ 50.00 / W		11/10/2001	7th	YES / NO
1	/	/	/	/		__/__/__		YES / NO
2	/	/	/	/		__/__/__		YES / NO
3	/	/	/	/		__/__/__		YES / NO
4	/	/	/	/		__/__/__		YES / NO
5	/	/	/	/		__/__/__		YES / NO
6	/	/	/	/		__/__/__		YES / NO
7	/	/	/	/		__/__/__		YES / NO
8	/	/	/	/		__/__/__		YES / NO
9	/	/	/	/		__/__/__		YES / NO
10	/	/	/	/		__/__/__		YES / NO

Part 4. An adult Household Member must sign the application. 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.

Adult household member, Sign Here: _____ Date: _____ Printed Name: _____
Form cannot be processed without the signer's last four digits of the social security number unless the checkbox below is clearly marked indicating he/she does not have a social security number.

Signer's last four numbers of the Social Security Number: XXX-XX-_____
 NONE (check if no SSN) E-mail _____
Mailing Address: _____ City/ST: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Cell: _____

Total Household Members: (Adults & Children)

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 [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.**

***Annual Income Conversion: Weekly X 52 / Every 2 Weeks X 26 / Twice a Month X 24 / Monthly X 12**