

# **REMEMBER**

There is a limit of 3 charges  
for all students.

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**There is to be NO FOOD brought into school  
from outside sources for lunch or breakfast  
other than sack lunches from home until  
after the last period of the day.**

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Online payments can be made at  
[MyNutrikids.com](http://MyNutrikids.com)

Dear Parent/Guardian:

Children need healthy meals to learn. **Early I. S. D.** offers healthy meals every school day. Breakfast costs **\$1.35** lunch costs **\$2.25 for grades PK-5<sup>th</sup> and \$2.50 for grades 6<sup>th</sup>-12<sup>th</sup>**. Your children may qualify for free meals or for reduced-price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

**1. Do I need to fill out an application for each child?** No. Complete one application to apply for free or reduced-price meals. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Food Service Dept. for Early I. S. D.**

**2. Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF can get free meals regardless of your income. Your benefit letter from the Texas Health and Human Services Commission (HHSC) is your documentation for free meals. If you have not already received a letter from your school stating that your household is eligible for free meals, you may take your HHSC benefit letter to your child nutrition office to be certified for free meals. Call the school at **325-643-2339** if you have questions.

**3. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced-price meals?** In most cases no, however read the letter you got carefully and follow the instructions. Call the school at **325-643-2339** if you have questions. If your household does not receive SNAP or TANF, your children may still be eligible to receive free meals if your household income is less than the amounts listed on the federal Income Eligibility Guidelines. Please complete the application and submit it to your child nutrition office. Head Start students and most foster children may also qualify for free meals.

**4. Can homeless, runaway and migrant children get free meals?** Yes. If you have not been notified of free status under these categories, please call **Judy Day 325-643-9622** to see if your child(ren) qualify.

**5. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced-price limits on the Federal Income Chart, included in this application packet.

**6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.

**7. Will the information I give be checked?** Yes, we may ask you to send written proof.

**8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP, TANF or other benefits.

**9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Brett Koch, Superintendent, P. O. Box 3315, Early, Texas 76803 325-646-7934.**

**10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.

**11. Who should I include as members of my household?** You must include yourself and all people living in your household, related or not (such as children, grandparents, other relatives or friends).

**12. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime pay, include that amount as income. If you do not normally get overtime pay, do not include it as income.

**13. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **325-643-2339**. *Si necesita ayuda, por favor llame al teléfono: 325-643-2339. Si vous voudriez d'aide, contactez nous au numero: 325-643-2339*

Sincerely,

**Cherita Barker**

**Early ISD Food Service Director**

## EARLY ISD LUNCH PROGRAM

The Early ISD, under the guidelines of the National School Lunch Program, National School Breakfast Program, TDA and USDA, prepare nutritious breakfasts and lunches for all students daily.

Breakfast is served from 7:30 a.m. until 8:00 a.m. in the cafeteria. Payment can be made on a daily basis or in advance to the cashier at your campus or online through MyNutrikids.com. Extra milk and juice can be purchased for \$.50 each.

Applications for the lunch program providing free and reduced price meals are to be completed and returned to the school as soon as possible. If your child was on the program in the previous year and enrolled in the Early schools on the last day of school, he/she will remain on the program for the first 30 school days of the new school year. If they do not have a new application on file after the 30 days, they will become full paid students. File only one application for each family, regardless of the grade levels. Applications must be approved by the Food Service Department before a student can benefit from the program. Even if the student was on the program in another school district, we can not transfer benefits without a completed and approved lunch application. The students are required to pay full price until all paper work is completed and approved.

Monthly menus are posted on the Early ISD website and in the newspaper every Sunday. Some campuses may also send home copies with their students.

**Students can not take food out of the cafeteria. Meals brought from home are the only meals from an outside source allowed in the cafeteria. Food purchased from an off campus food vendor or delivered from an off campus food vendor is not allowed in the cafeteria.**

If your child has a food intolerance, we must have a **DOCTOR'S STATEMENT** on file specifying the ingredients or foods not allowed. If your child is later released from the doctor ordered dietary restrictions, we must have a **DOCTOR'S STATEMENT** stating what they can add to their diet or resume eating. If they can not have milk, water will be provided. If they can not have milk products, all milk products will be removed. Please be sure to note the difference in milk and milk products. If your child desires to have an item the doctor has stated he/she can not have, please send it from home if you agree. We will not be responsible for going against doctor's orders.

If there are any questions regarding the cafeteria, lunch applications, or the lunch and breakfast program, feel free to call our office at 643-2339.

*Cherita Barker*

Food Service Director

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

## Instructions for Applying – 2011-2012

### INSTRUCTIONS FOR HOUSEHOLDS:

**Part 1:** List each child's name, name of the school and check the box if the child is a foster child, the grade and their Eligibility Group Number for SNAP or TANF (if any). **Optional (Social Security Number, Student I.D. or Date of Birth).** Foster children no longer need to be on a separate application.

**Part 2:** If a child in your household is homeless, migrant or runaway, check the appropriate box and call the school's administrative offices at the telephone number provided.

**Part 3:** Follow these instructions to report last month's household income.

**Column 1 — Name:** List the last, first and middle initial of **each** person living in your household, related or not (such as grandparents, other relatives or friends). You must include yourself and all children. Attach another sheet of paper if needed.

**Column 2 — Income and how often it is received:** For each person who receives income, write the amount received and how often it is received — weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

**Employment Income:** List the **gross income** for each person. It is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub or your employer can tell you. Next to the amount, write how often you receive it — weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

**Other Income:** List the amount each person receives from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. Next to the amount, write how often the person receives it.

**Column 3 — Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she doesn't have one. The adult household member signing the form prints their name, home phone number, work phone number and mailing address.

### Privacy Act Statement: This explains how we will use the information you give us.

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 social security number of the adult household member who signs the application. 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.

**Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**Early Independent School District**

**Local Education Agency**

<b>Part 1. Children in School</b>				
Names of all children in school (Last, First, Middle Initial)	School Name  Check box if a foster child (legal responsibility of welfare agency or court)	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)
1.	<input type="checkbox"/>			
2.	<input type="checkbox"/>			
3.	<input type="checkbox"/>			
4.	<input type="checkbox"/>			
5.	<input type="checkbox"/>			
6.	<input type="checkbox"/>			

If you listed an Eligibility Group # for SNAP/TANF, skip to Part 4.

<b>Part 2. Homeless, Migrant or Runaway</b>
If any child you are applying for is homeless, migrant or a runaway, check the appropriate box and call your school's administrative offices at (325) 646-7934. <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway

**Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)**

1. Name. (List everyone in household, including students listed in Part 1.)	2. Income and how often it is received. How Often = Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)								3. Check if NO Income.
	Earnings from work before deductions	How Often	Welfare, child support, alimony	How Often	Pensions, retirement, Social Security	How Often	Other	How Often	
Example: Smith, Jane B.	\$200	W	\$50	E					<input type="checkbox"/>
1.									<input type="checkbox"/>
2.									<input type="checkbox"/>
3.									<input type="checkbox"/>
4.									<input type="checkbox"/>
5.									<input type="checkbox"/>
6.									<input type="checkbox"/>
7.									<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the "Instructions for Applying" page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_  
 I do not have a Social Security Number.

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Do not fill out this part. For school use only.**

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 Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ SNAP/TANF: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Meal Eligibility: Free: \_\_\_\_\_ Reduced: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free: \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Reviewing Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Multi-Child Free and Reduced-Price School Meals Application for 2011-2012 – continuation sheet**

<b>Part 1. Children in School – continuation sheet</b>				
<b>Names of all children in school (Last, First, Middle Initial)</b>	<b>School Name</b>  <b>Check box if a foster child (legal responsibility of welfare agency or court)</b>	<b>Social Security #, Student I.D. or Date of Birth (OPTIONAL)</b>	<b>Grade</b>	<b>Eligibility Group # for SNAP or TANF (if any)</b>
7.	<input type="checkbox"/>			
8.	<input type="checkbox"/>			
9.	<input type="checkbox"/>			
10.	<input type="checkbox"/>			
11.	<input type="checkbox"/>			
12.	<input type="checkbox"/>			
13.	<input type="checkbox"/>			
14.	<input type="checkbox"/>			
15.	<input type="checkbox"/>			

**Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)**

<b>1. Name.</b> (List everyone in household, including students listed in Part 1.)	<b>2. Income and how often it is received.</b> How Often = Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)								<b>3. Check if NO Income.</b>
	<b>Earnings from work before deductions</b>	<b>How Often</b>	<b>Welfare, child support, alimony</b>	<b>How Often</b>	<b>Pensions, retirement, Social Security</b>	<b>How Often</b>	<b>Other</b>	<b>How Often</b>	
8.									<input type="checkbox"/>
9.									<input type="checkbox"/>
10.									<input type="checkbox"/>
11.									<input type="checkbox"/>
12.									<input type="checkbox"/>
13.									<input type="checkbox"/>
14.									<input type="checkbox"/>
15.									<input type="checkbox"/>
16.									<input type="checkbox"/>
17.									<input type="checkbox"/>
18.									<input type="checkbox"/>

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