



COVINGTON INDEPENDENT SCHOOL DISTRICT

501 N. Main St
Covington, TX 76636
Phone (254) 854-2215
Fax (254) 854-2272
Diane Innis, Superintendent

Dear Parent/Guardian:

Children need healthy meals to learn. Covington ISD offers healthy meals every school day. Breakfast costs **\$1.50** for students and **\$1.50** for adults; lunch costs **\$2.00** for grades PK-5th, **\$2.10** for grades 6th-12th, and **\$3.10** for adults. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **\$.30** for breakfast and **\$.40** for lunch. An application is attached. If you received a notification letter that a child is directly certified for 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 **Cathy Harrell at 501 N Main, Covington, TX, 76636 or at (254) 854-2215 ext. 39.** If you have questions about applying for free or reduced-price meals, contact **Cathy Harrell at (254) 854-2215 ext. 39 or by email at cathy.harrell@covingtonisd.org**

1. Who can get free meals?

- **Income**—Children can get free or reduced-price meals if your household's gross income is within the limits described on the *Federal Income Eligibility Guidelines*.
- **Special Assistance Program Participants**—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPPIR), 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, Early Head Start, and even 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 **Kristi Abrego at (254)854-2215 ext. 29 or email kristi.abrego@covingtonisd.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 **Diane Innis, Superintendent at (254) 854-2215 ext. 12.**

3. My child's application was approved last year. Do I need to fill out another one? Yes. Your child's application is only good for one school year and the first few days of this school year. Send in a new application unless the school told you that your child is eligible for the new school year.

4. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year. A child with a parent or guardian who becomes unemployed may be 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 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: **Cathy Harrell at (254) 854-2215 ext. 39.**

Sincerely,

Cathy Harrell, Cafeteria Manager

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 Covington ISD. 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 **Cathy Harrell at (254) 854-2215 ext. 39 or by email at cathy.harrell@covingtonisd.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 first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the 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 following the child's name to show if the child is a student in the Covington ISD.
- **Record** the child's grade if the child is in school.
- **Check** the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start or Even Start) program 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.

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. The **Covington ISD** 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.***

STEP 2: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

Part A. 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.

Part B. 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 C. 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 the back of the application. Children's income is reported in Part D.

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.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member add:					
	+ \$7,696	+ \$642	+ \$321	+ \$296	+ \$148

- **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.

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

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

Part D. Combined Income for Children in the Household

- **Record** total income for all children by how often income is received (frequency).

Record adult income in Part C.

It is not necessary to record the income of children 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.

Step 3: Provide Contact Information and Adult Signature.

- **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 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 an 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 back of the application.

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

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>