

WEST SABINE INDEPENDENT SCHOOL DISTRICT

P. O. Box 869
Pineland, Texas 75968
Phone (409) 584-2655
Fax (409) 584-2139

Dear Parent,

West Sabine Independent School District participates in the National School Lunch Program and offers free and reduced-price meals based on a student's financial need. Applications may be picked up at any West Sabine ISD school office, or from Becky Ellison at the Administration Building. Only one application per household is required. Call 409-584-2655 for more information. The Food Service Department uses systems at the schools that ensures student confidentiality, they will not be identified as participating in the program.

West Sabine ISD **NEEDS YOUR HELP** and assistance. Each year the District receives funding that helps provide our students with curriculum enrichment and teaching supplies that otherwise we could not afford. **PLEASE COMPLETE THE ATTACHED APPLICATION AND RETURN IT.** Each additional student that meets the qualifications for a Free or Reduced Meal increases "Compensatory" funding to the District which provides a better education for your kids. The District also can qualify for technology "Erate" grants that are very beneficial to the District.

West Sabine ISD Schools follow the Traditional Standard Menu Planning. The meals must meet the Recommended Daily Allowance established by the United States Department of Agriculture (USDA). More than 35 percent of Texas children are considered overweight or obese, which is significantly higher than the nation as a whole. Our schools are in a powerful position to influence children, which is why TDA created the Texas Public School Nutrition Policy.

These nutrition guidelines are a result of a collaborative effort among parents, school administrators, health professionals and members of the food industry. Its purpose? To promote a healthier environment in Texas schools and help ensure a healthier future for Texas children. **Schools must follow guidelines specified in the Texas Public School Nutrition Policy when preparing menus. State guidelines govern low sugar content, low fat content and No Fried Foods.**

Please return your completed application to the campus of your choice or to Tammy Rogers at the Administration Office.
Respectively,


Tammy Rogers
Cafeteria Director


Mike Pate
Superintendent

West Sabine Independent School District

Dear Parent/Guardian:

Children need healthy meals to learn. *West Sabine ISD* offers healthy meals every school day. Breakfast costs \$1.10 ; lunch costs \$1.95. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$.30 for breakfast and \$.40 for lunch. If you received a notification letter that a child is directly certified for free or reduced-price 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 *Elementary or High School Office or Cafeteria or Admin Office* . If you have questions about applying for free or reduced-price meals, contact *Tammy Rogers @ Admin Office 409-584-2655*.

1. Who Can Get Free Meals?

- *Income*—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
- *Special Assistance Program Participants*—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), 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 *Tammy Rogers @ 409-584-2655*.
- *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 *Mike Pate, Superintendent @ 409-584-2655* .

3. **My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.

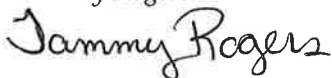
4. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
5. **What If My Income Is Not Always the Same?** List the amount normally received. 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 *Tammy Rogers @ 409-584-2655*. Si necesita ayuda, por favor llame al teléfono: *Tammy Rogers @ 409-584-2655* .

Sincerely,

Food Service Director

Tammy Rogers



- **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.

Step 4: Return the Application.

- **Return** the application to Elem. or High School Office or Cafeteria or West Sabine Admin. Office .

Adult Income Information Box	
Earnings from Work	
<i>General Types of Income</i>	
<ul style="list-style-type: none"> ▪ Salary, wages, cash bonuses ▪ Strike benefits 	
<i>U.S. Military</i>	
<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) 	
<i>Self-Employed Worker</i>	
<ul style="list-style-type: none"> ▪ Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue. 	
Public Assistance/ Child Support/Alimony	
<i>(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)</i>	
<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>	

West Sabine Independent School District, 2017-2018 Multi-Child Application for Free and Reduced-Price School Meals

This Box for School Use Only.
Date Withdrawn:

Complete one application per household. Please use a pen (not a pencil).

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name. First Name	MI	Last Name	Student Attends School in District?		Optional Student ID Number	Check all that apply.								
			Yes	No		Grade	Foster	Head Start	Homeless	Migrant	Runaway			
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDIPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDIPIR? If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space. If Yes to FDIPIR, check this box , skip Step 2, and complete Step 3.

Report income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDIPIR in Step 1).

- A. Total Household Members (Children & Adults) _____ B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX-____-____ Check if no SSN

C. Income for Adult Household Members (Include Yourself, But Not Children)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

D. Combined Income for Children in the Household (Do not include adult income.)

Record combined total income by frequency for all children listed in Step 1. \$ _____ Weekly \$ _____ Every 2 Weeks \$ _____ Twice per Month \$ _____ Monthly \$ _____ Annually

Step 3 Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school.

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.

Street Address/Apt # _____

City _____

State _____

Zip _____

Daytime Phone and Email (Optional) _____

Printed Name of Adult Household Member Signing the Form _____

Signature of Adult Household Member Signing the Form _____

Today's Date _____

West Sabine Independent School District

Request for Allergy Information 2017-2018

West Sabine Independent School District CANNOT guarantee or assure an allergy free environment for students. However, this form allows you to **disclose whether your child has a known "food" /other allergy or severe allergy** that you believe should be disclosed in order to enable the District to take necessary precautions for your child's safety.

"Severe allergy" means a dangerous or life-threatening reaction of the human body to an allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any food/other substance to which your child is allergic or severely allergic, as well as the description of your child's allergic reaction to that substance.

ALLERGEN	Description of allergic reaction

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student name: _____ Date of Birth: _____

Grade: _____

Parent/Guardian name: _____

Mobile phone: _____ Work: _____ Home : _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school or Campus: _____

Date form was received by the Food Service Director: _____

Date form was received by the Campus Nurse: _____

Original form will be on file in student's permanent file.

Updated for School Year 2012-2013

Please fill out this form on every child / student - Return Please

I need updated Forms , Thank you 2017-2018 School Year