## Media Release for Free and Reduced-Price Meals

La Porte ISD announced its policy today for providing free and reduced-price meals for children served under the attached current income eligibility guidelines. Each school/site or the central office has a copy of the policy, which may be reviewed by anyone on request.

Starting on August 2<sup>nd</sup>, La Porte ISD will begin distributing letters to the households of the children in the district about eligibility benefits and any actions households need to take to apply for these benefits. Applications will also be available at each La Porte ISD campus, the Nutrition Department at 2015 Sens Road, as well as online at www.nlappscloud.com.

#### Criteria for Free and Reduced-Price Meal Benefits

The following criteria will be used to determine a child's eligibility for free or reduced-price meal benefits:

#### Income

1. Household income that is at or below the income eligibility levels

## **Categorical or Automatic Eligibility**

2. Household receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF); or Food Distribution Program on Indian Reservations (FDPIR)

## **Program Participant**

- 3. Child's status as a foster child, homeless, runaway, migrant, or displaced by a declared disaster
- 4. Child's enrollment in Head Start or Even Start

#### **Income Eligibility**

For those households that qualify for free or reduced-price meals based on income, an adult in the household must fill out a free and reduced-price meal application and return it to any La Porte ISD campus or Ms. Belinda Guerrero, Processor Application Specialist, in the Nutrition Department located at 2015 Sens Road. Those individuals filling out the application will need to provide the following information:

- 1. Names of all household members
- 2. Amount, frequency, and source of current income for each household member
- 3. Last 4 digits of the Social Security number of the adult household member who signs the application or, if the adult does not have a social security number, check the box for "No Social Security number"
- 4. Signature of an adult household member attesting that the information provided is correct

## Categorical or Program Eligibility

La Porte ISD is working with local agencies to identify all children who are categorically and program eligible. La Porte ISD will notify the households of these children that they do not need to complete an application. Any household that does not receive a letter and feels it should have should contact Ms. Belinda Guerrero, Application Processor Specialist, (281) 604-6950, in the Nutrition Department located at 2015 Sens Road or email SchoolNutrition@lpisd.org.

Any household that wishes to decline benefits should contact Ms. Belinda Guerrero, Application Processor Specialist, (281) 604-6950, in the Nutrition Department located at 2015 Sens Road or email SchoolNutrition@lpisd.org.

Applications may be submitted anytime during the school year. The information households provide on the

application will be used for the purpose of determining eligibility. Applications may also be verified by the school officials at any time during the school year.

## **Determining Eligibility**

Under the provisions of the free and reduced-price meal policy, Application Processor Specialist Ms. Belinda Guerrero will review applications and determine eligibility. Households or guardians dissatisfied with the Reviewing Official's cligibility determination may wish to discuss the decision with the Reviewing Official on an informal basis. Households wishing to make a formal appeal for a hearing on the decision may make a request either orally or in writing to Mr. Dustin Bromley, Deputy Superintendent, 1002 San Jacinto, La Porte, TX, (281) 604-7000.

## **Unexpected Circumstances**

If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the attached current income eligibility guidelines.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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.

## La Porte Independent School District 2022-2023 School Year

Dear Parent/Guardian:

Children need healthy meals to learn. La Porte ISD offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.25 for grades PreK-8 & \$2.50 for grades 9-12. 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 <u>one application</u> for all the students in the household and return the completed application to any LPISD campus or the School Nutrition Dept., 2015 Sens Road. Online applications are available at www.nlappscloud.com . If you have questions about applying for free or reduced-price meals, contact the School Nutrition Dept. at 281-604-6950.

- 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 or Early Head 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 Ms. Jennifer Green at 281-6047033 or greenj@lpisd.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 Mr. Dustin Bromley, 1002 San Jacinto, La Porte, TX, 77571, bromleyd@lpisd.org or 281-604-7000l.
- 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 <u>normally</u> 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.
- 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.nlappscloud.com] to begin or to learn more about the online application process. Contact the School Nutrition Dept. at 2015 Sens Rd., 281-604-6950 if you have questions about the online application.

If you have other questions or need help, call Ms. Belinda Guerrero 281-604-6950. Si necesita ayuda, por favor llame al teléfono: Belinda Guerrero 281-604-6950.

Sincerely, Ralph Wilkins, MBA, MS, RD, LD Director, School Nutrition In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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# Directions for Applying for Free and Reduced-Price School Meals 2022-2023

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 La Porte 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 Belinda Guerrero at 281-604-6950 or email SchoolNutrition@lpisd.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.

<u>Print</u> 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 La Porte ISD.
- · Record the child's grade if the child is in school.
- <u>Check</u> the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) 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, <u>complete</u> Step 1, <u>skip</u> Step 2, and <u>complete</u> 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 Needy 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 Nutrition Department 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. 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 B. Income for All Adult Household Members (Including Yourself, But Not Children)

• <u>Record</u> 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 C**.

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.

• Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony;

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly	
1	\$25,142	\$2,096	\$1,048	\$967	\$48	
2	\$33,874	\$2,823	\$1,412	\$1,303	\$65	
3	\$42,606	\$3,551	\$1,776	\$1,639	\$82	
4	\$51,338	\$4,279	\$2,140	\$1,975	\$98	
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,15	
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,32	
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,49	
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,65	
For each ad	ditional family m	iember add:				
	+ \$8,732	+ \$728	+ \$364	+ \$336	+ \$16	

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.

<u>Write a 0</u> in any field where there is no income to report. If you write  $\underline{0}$  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.

- <u>Circle</u> how often each type of income is received (frequency).
  - W = Weekly
  - E = Every 2 Weeks
  - T = Twice per Month
  - M = Monthly
  - A = Annually

## Part C. Income for Children in the Household

 <u>Record</u> total income for each child in the household who receives regular income by how often income is received (frequency).

#### Record adult income in Part B.

Record the income of each child who receives regular income under the frequency indicating how often the income is received.

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.

#### Part D. 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.

## 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.

• <u>Print</u> the name of the adult signing the form, <u>sign</u> the form, and <u>record</u> 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 the School Nutrition Dept., 2015 Sens Rd. or your child's school.

#### **Adult Income Information Box**

## Earnings from Work

#### General Types of Income

- · Salary, wages, cash bonuses
- Strike benefits

#### U.S. Military

- · 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

 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

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)

- Alimony payments
- · Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here.
   Informal but regular payments should be reported as other income in the next part.
- Unemployment benefits
- Worker's compensation

## Pensions/Retirement/ Supplemental Security Income (SSI)

- 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

- Earned interest
- · Investment income
- · Regular cash payments from outside household
- Rental income

#### **Child's Income Information**

## Earnings from Work

For Example: A child has a job where she or he earns a salary or wages.

## Social Security, Disability Payments

For Example: A child is blind or disabled and receives Social Security benefits.

## Social Security, Survivor's Benefits

For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

#### Income from any other source

For Example: A child receives income from a private pension fund, annuity, or trust

in 2C   (Enter Amount)   (Cucle One)   (Enter Amount)   (Circle One)   (Enter Amount)   (Cir	Complete one applicati	ion per household. Ple	ease use a pen (not a	ation for Free and Rec pencil). Apply online at	http://www.niapp	scloud.com		Date	Withdrawn			
Silvate child's name	Homeless, Migrant, or Runay	vay or who participat	te in Head Start are	eligible for free meals.	Please read the d	rections for	more informa	ition.			finition of	Quily.
Pists Name   MI   Last Name   Yes   No   Grade   Number   Factor   Head Start   Househast   Migrani	A. List ALL Household Members Who	Are Infants, Children	, and Students up to	and Including Grade 12	2. If more spaces a	re needed, us	se the Addition	al Names se	ction on the	e back.		
First Name MI Last Name Yes No Grade Number Fosts Head Start Homeless Migrant  2.  3.  4. B. Participation in a Categorical Program  • If every child listed in Step 1 is a participant any one of the following programs—Roster, Head Start, Homeless, Migrant, or Rumaway, skip Step 2 and complete Step 3.  * SNAP_TANF, er EPPIR & Down y Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?  If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space				Student Attend	ds School in		Optional:				oly	
2. 3. 4. 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 FPDFIR. Do any Household Members (including you) currently participate in SNAP, TANF, and/or FPDFIR?  If No, complete Step 3.  • SNAP, TANF, and for With the Eligibility Determination Group (EDG) number in this space	First Name MI	Last Name		Yes	No	Grade		Foster	Head Start	Homeless	Migrant	Runav
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4. 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 PEPTR. Do any Household Members (including you) currently participate in SNAP, TANF, and/or FPPTR?  If No, complete Step 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space	2.			(D)						П		
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SNAP, TANE, and/or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANE, and/or FDPIR  If No, complete Steps 2 and 3. If Yes to SNAP/TANE > Write the Eligibility Determination Group (EDG) number in this space	B. Participation in a Categorical Program	m		V				3-1	- Lind	-		
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If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space , skip Step 2, and complete Step 1.  If Yes to FDPIR, check this boxskip 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 FDPIR in Step 1).  A Last Four Digits of Social Security Number (SSN) of an Adult Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).  A Last Four Digits of Social Security Number (SSN) of an Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)  List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Members itsed, if they do receive income, report total income (without deductions) for each whole dollars only. Indicate the frequency of income: We'weekly, E-Every 2 Weeks, T-Twice per Month, M-Monthly, A-Annually. If they do not receive income, report total income (without deductions) for each whole dollars only. Indicate the frequency of income: We'weekly, E-Every 2 Weeks, T-Twice per Month, M-Monthly, A-Annually. If they do not receive income from any source, write '0. Hyou enter'0' or leave any our are certifying (promising) that there is no income to report.  Adult's First/Last Name (Ob not include the income of children goes  (Enter Announ)  Work Earnings  Frequency (Enter Announ)  Work Earnings  Frequency (Enter Announ)  (Circle One)  Work Earnings  Frequency (Enter Announ)  (Circle One)  Work Earnings  Social Jincome (Circl							min, skip ote	p z mio com	picto otep	u.		
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A Last Four Digits of Social Security Number (SSN) of an Adult Household Members (Include Yourself), But Not Children. If more spaces are needed, use the Additional Names section on the back.)  List all Household Members in Interdefin STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report total income (without deductions) for each whole dollars only. Indicate the frequency of income: We Weekly, E-Every 2 Weeks, T-Tivice per Month, M-Monthly, A-Annually. If they do not receive income, report total income (without deductions) for each whole dollars only. Indicate the frequency of income: We Weekly, E-Every 2 Weeks, T-Tivice per Month, M-Monthly, A-Annually. If they do not receive income from any source, write '0. If you enter'0' or leave any 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 2C)  1. \$ W-E-T-M-A \$ W-E-T-M												
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List each child's name.				Distr			Optional: Student ID			Che	ck all that appl	V.		
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You must include the last four dig of a foster child or you list a Suppler or other PDPIR identifier for you se ligible for free or reduced price ro them evaluate, fund, or determinordance with federal civil rights lassex (including gender identity and swith disabilities who require all gency that administers the progra a program discrimination compless://www.asda.gov/sites/defaulssed to USDA. The letter must con ary for Civil Rights (ASCR) about of the Assistant Secretary for Civil unity provider.	mental Nutrition; a child or when you neals, and for admin benefits for their p w and U.S. Departs d sexual orientatio ernative means of m or USDA's TAR6 int, a Complainant (ffiles/documents/ tain the complaina the nature and dat	ussistance Prop. indicate that instration and rograms, audi ment of Agrico n), disability, communicatio SET Center at should comp USDA-OASC. nnt's name, ad e of an allevee	gram (SNAP) the adult hot enforcement itors for prog alture (USD/ age, or repris in to obtain p (202) 720-2 dete a Form a R%20P-Com dress, teleph t civil rights s	i, Temporar, isehold mer, of the lunc ram reviews (1) civil right sal or retali, orogram inf 600 (voice AD-3027, Uplaint-Form come number violation. The second control of the s	y Assistance f nber signing to h and breakfa s, and law enfo to regulations ation for prio formation (e.g and TTY) or c ISDA Program n-0508-0002 r, and a writh	or Needy Families the application do st programs. We horcement officials and policies, this reivil rights active, Braille, large promact USDA throm Discrimination -508-11-28-17Fa en description of 1.00 AD 3027 form or 200 AD 3027 form of the application of 1.00 AD 3027 form of 1.00 AD	(TANF es not h. 4AY she to help institut ity. Proj int, aucough the Compla x2Mail the alleg	) Program or Foc ave a social secu- are your eligibility them look into vi- tion is prohibited gram informatio diotape, America e Federal Relay S unt Form which. Lpdf, from any U ged discriminato	d Distribut ity number y informatic olations of i from discr n may be m n Sign Lan iervice at (i can be obta SDA office, rry action	ion Program We will on with oprogram iminati ade ava guage), ined on by calli sufficie	ram on use yo ducatic rules. ng on t' llable in should 7-8339. fine ng (866	Indian Rese ur informatic on, health, an he basis of ra n languages of contact the r i) 632-9992, il to inform t	rvations (I in to deter d nutrition ce, color, other than esponsible or by writ he Assista	DPIR) c mine if y n program national English e state of ing a letter
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# Income Eligibility Guidelines for Determining Free and Reduced-Price Benefits

Effective from July 1, 2022 to June 30, 2023

Family	Annually		Monthly		Twice per Month		Every Tw	o Weeks	Weekly	
Size	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$17,667	\$25,142	\$1,473	\$2,096	\$737	\$1,048	\$680	\$967	\$340	\$484
2	\$23,803	\$33,874	\$1,984	\$2,823	\$992	\$1,412	\$916	\$1,303	\$458	\$652
3	\$29,939	\$42,606	\$2,495	\$3,551	\$1,248	\$1,776	\$1,152	\$1,639	\$576	\$820
4	\$36,075	\$51,338	\$3,007	\$4,279	\$1,504	\$2,140	\$1,388	\$1,975	\$694	\$988
5	\$42,211	\$60,070	\$3,518	\$5,006	\$1,759	\$2,503	\$1,624	\$2,311	\$812	\$1,156
6	\$48,347	\$68,802	\$4,029	\$5,734	\$2,015	\$2,867	\$1,860	\$2,647	\$930	\$1,324
7	\$54,483	\$77,534	\$4,541	\$6,462	\$2,271	\$3,231	\$2,096	\$2,983	\$1,048	\$1,492
8	\$60,619	\$86,266	\$5,052	\$7,189	\$2,526	\$3,595	\$2,332	\$3,318	\$1,166	\$1,659
For eac	ch additiona	ıl family mer	nber add:							
	+\$6,136	+\$8,732	+\$512	+\$728	+\$256	+\$364	+\$236	+\$336	+\$118	+\$168