

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

2016 - 2017

Children need healthy meals to learn. **Hobbs Municipal Schools** offers healthy meals every school day. *Breakfast is free for all students. Your children may qualify for free meals or for reduced price meals.* Paid lunch is \$2.25 and Reduced lunch is \$.40 daily. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **New Mexico SNAP, [the Food Distribution Program on Indian Reservations (FDPIR) or New Mexico TANF,** are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART				
For School Year 2016-2017				
Household Size	Monthly	Twice a Month	Every Two Weeks	Weekly
1	1832	916	846	423
2	2470	1235	1140	570
3	3108	1554	1435	718
4	3747	1874	1730	845
5	4355	2193	2024	1012
6	5023	2512	2319	1160
7	5683	2632	2614	1307
8	6304	3152	2910	1455
Each Additional	642	321	296	148

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **HMS Central Office (433-0100)** and ask for the **homeless liaison or migrant coordinator**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? **No.** 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 your student's school cafeteria or the HMS Nutritional Services Office/Central Kitchen adjacent to the Freshman High School Commons.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? **No, but** please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, you must submit an application for that student or contact Nutritional Services Offices (433-0220).
5. CAN I APPLY ONLINE? **Yes!** You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application.

Visit **Hobbsschools.net** to begin or to learn more about the online application process. Contact **HMS Nutritional Services (433-0220)** if you have any questions about the online application.

6. 8. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only good for that school year and for the first 20 days of this school year, you must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be changed to full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? **Yes.** We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? **Yes,** you may apply at any time during the school year. For example, children 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.
10. 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: **DIRECTOR OF OPERATIONS, HMS CENTRAL OFFICE, 575-433-0100.**
11. 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.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **New Mexico SNAP** or other assistance benefits, contact your local assistance office 575-397-3400 or call **1-800-825-6639.**

If you have other questions or need help, call the: **Nutritional Services Department Offices**  
**P.O. Box 1030**  
**Hobbs, N.M. 88241-1030**  
**575-433-0220**

**[Next to Freshman High Commons]**

# 2016 – 2016 Hobbs Municipal Schools Application for Free and Reduced Price School Lunch

*Breakfast is provided at no cost to all students*

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

## STEP 1 List ALL Household Members who are infants, children, an students up to and including grade 12 (if more spaces are required, attach another sheet of paper)

Please read "How to Apply for Free and Reduced Price School Meals" for more information.

Children in **Foster Care** [a child who is the legal responsibility of a welfare agency or court], **Homeless, Migrant or Runaway** are eligible for free meals.

Child's First Name	Child's Last Name	Grade	School	Student?		For Use by School Staff Only Student ID Number	C i c k  F o s t e r  C h i l d  a l l  t h a t  a p p l y	Homeless, Migrant, Runaway
				Yes	No			

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: NO / YES

If you answered **NO** > Complete **STEP 3**. If you answered **YES** > Write a case number here then go to **STEP 4** (Do not complete STEP 3)

Case Number:  Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**Definition of Household Member:**  
"Anyone who is living with you and shares income and expenses, even if not related."

The **Sources of Income for Children** section on the "How to Apply for Meals" Handout will help you with the **Child Income** question.

The **Sources of Income for Adults** section on the "How to Apply for Meals" Handout will help you with the **Adult Income** question.

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here → \$

Child income: Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**  
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 for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Name of <u>ADULT</u> Household Members (First and Last)	Earnings from Work	How often?				Public Assistance Child Support Alimony - TOTAL	How often?				Pensions/Retirement/ All Other Income – TOTAL	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X

Check if no SSN

## STEP 4 Contact information and adult signature

"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 (if available)  Apt #

City  State  Zip

Printed name of adult completing the form

Signature of adult completing the form

Today's date

Davtime Phone and Email (optional)

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance /	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

**OPTIONAL** Children's Racial and Ethnic Identities

*We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.*

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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:

mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Do not fill out For School Use Only**

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

Total Income	How often?				Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility:		
	Weekly	Bi-Weekly	2x Month	Monthly			Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining Official's Signature	Date	Confirming Official's Signature			Date	Verifying Official's Signature		Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		<input type="text"/>	



**H O B B S**  
**M U N I C I P A L**  
**S C H O O L S**  
*All children will learn.*



**NOW AVAILABLE!**  
**ONLINE PAYMENTS FOR FOOD SERVICE**

Hobbs Municipal Schools has provided parents with an easy way to add money to their child's food service account. Online payments can be made into food services accounts through the Skyward Family Access Parent Portal they currently use. We have contracted with RevTrak, a national credit card payment processor, to provide a secure site for making payments.



**Easy and Convenient Online Payments!**

Parents can make online payments from home or work, 24/7. If their child's food service balance is low, it only takes a few minutes to add money to it using their Discover, Visa or MasterCard credit or debit card. Payments are made through the student's Skyward Family Access account.

**To make online payments:**

1. Visit our district website <http://www.hobbsschools.net/>
2. Click on "Skyward"
3. Contact child's School secretary for:
  - A. Log in Name and Password for the Skyward Family Access Parent Portal
4. Log in to Skyward Family Access (you will need your Login and Password)
5. Use your Discover, Visa or MasterCard (Debit or Credit Card)

Payments made through Skyward Family Access will immediately be posted to the student's food service account. RevTrak does charge a per transaction fee to your credit card.

**Hobbs Municipal Schools**

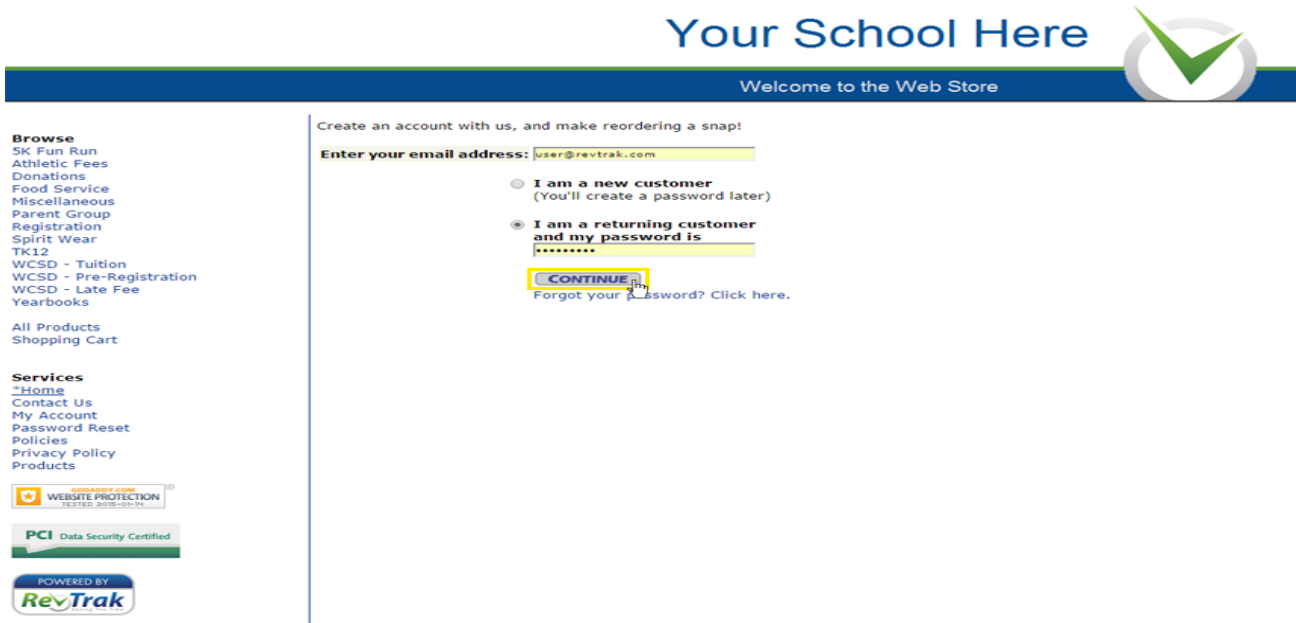
1401 E. Sanger - *(Freshman Commons Entrance)*  
Hobbs, NM  
(575)433-0220



Please see other side for detailed online payment instructions.

# Family Access Meal Payment Instructions

1. **Login** to Skyward Family Access
2. Select **"Food Service"** from "General Information" menu on the left
3. View Balance and Select **"Make Online Payment"**
4. **Enter payment amount** and select **"Go to Checkout"**
5. If a **new customer**, select **"I am a new customer"** and enter your **e-mail address**.  
If a **returning customer** select **"I am a returning customer"** and enter your **e-mail address** and **password**.  
Select **Sign in**.



Step 1: ViewCart   Step 2: Billing   Step 3: Shipping   Step 4: Receipt

Shopping cart contents:	Price	Qty	Total
<input checked="" type="checkbox"/> Skyward Food Service Payment	\$50.00	1	\$50.00
			<b>Total: \$50.00</b>

[RETURN TO CART](#)

**BILLING INFO:**

* First Name: Glory	* Last Name: Brosser
* Address 1: 1679 Scramble avenue	Address 2: 
* City or Province: Nowhere	State / Country: IL / United States
* Zip Code: 55555	* Telephone: (555) 028-7082

**\* PAYMENT INFO:**

Credit Card Number: 4111111111111111	Cardholder Name: (as printed on card) Glory Brosser
* Payment Type: Visa	Expires: 11 / 2010

6. Enter your **Billing Information**,
7. **Payment Information**, and create a password.
8. Verify information for accuracy and select **"Complete Order"**
9. Payment **will be processed** and **Receipt** can be viewed and **printed**.
10. **Logout**