

## **Seguin Independent School District Media Release for Free and Reduced-Price Meals**

*(For SHS students only)*

Seguin Independent School District (Seguin ISD) announced its policy today for providing free and reduced-price meals for children served under the attached current income eligibility guidelines. Seguin High School or the central office has a copy of the policy, which may be reviewed by anyone on request.

Starting in September 2020, Seguin 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 also are available at Seguin ISD Child Nutrition Dept., 1105 N. King St., Seguin, TX 78155 or at Seguin High School.

### **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 free and reduced-price meal application and return it to Seguin ISD Child Nutrition, Attn: Denise Reyna, 1105 N. King St., Seguin, TX 78155; fax (830) 379-9326; [dreyna@seguin.k12.tx.us](mailto:dreyna@seguin.k12.tx.us) or return to your child's school cafeteria. 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**

Seguin ISD is working with local agencies to identify all children who are categorically and program eligible. Seguin 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 Denise Reyna, Child Nutrition Program Specialist, at (830) 401-8618.

Any household that wishes to decline benefits should contact Denise Reyna, Child Nutrition Program Specialist, at (830) 401-8618.

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, Denise Reyna, Child Nutrition Program Specialist, will review applications and determine eligibility. Households or guardians dissatisfied with the Reviewing Official's eligibility 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 Dr. Matthew Gutierrez, Superintendent, (830) 401-8614, 1221 E. Kingsbury St., Seguin, TX 78155.

### **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.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (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: (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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# Income Eligibility Guidelines for Determining Free and Reduced-Price Benefits

Effective from July 1, 2020 to June 30, 2021

| Family Size                            | Annually  |           | Monthly |         | Twice per Month |         | Every Two Weeks |         | Weekly  |         |
|--|-----------|-----------|---------|---------|-----------------|---------|-----------------|---------|---------|---------|
|  | Free      | Reduced   | Free    | Reduced | Free            | Reduced | Free            | Reduced | Free    | Reduced |
| 1                                      | \$16,588  | \$23,606  | \$1,383 | \$1,968 | \$692           | \$984   | \$638           | \$908   | \$319   | \$454   |
| 2                                      | \$22,412  | \$31,894  | \$1,868 | \$2,658 | \$934           | \$1,329 | \$862           | \$1,227 | \$431   | \$614   |
| 3                                      | \$28,236  | \$40,182  | \$2,353 | \$3,349 | \$1,177         | \$1,675 | \$1,086         | \$1,546 | \$543   | \$773   |
| 4                                      | \$34,060  | \$48,470  | \$2,839 | \$4,040 | \$1,420         | \$2,020 | \$1,310         | \$1,865 | \$655   | \$933   |
| 5                                      | \$39,884  | \$56,758  | \$3,324 | \$4,730 | \$1,662         | \$2,365 | \$1,534         | \$2,183 | \$767   | \$1,092 |
| 6                                      | \$45,708  | \$65,046  | \$3,809 | \$5,421 | \$1,905         | \$2,711 | \$1,758         | \$2,502 | \$879   | \$1,251 |
| 7                                      | \$51,532  | \$73,334  | \$4,295 | \$6,112 | \$2,148         | \$3,056 | \$1,982         | \$2,821 | \$991   | \$1,411 |
| 8                                      | \$57,356  | \$81,622  | \$4,780 | \$6,802 | \$2,390         | \$3,401 | \$2,206         | \$3,140 | \$1,103 | \$1,570 |
| 9                                      | \$63,180  | \$89,910  | \$5,266 | \$7,493 | \$2,633         | \$3,747 | \$2,430         | \$3,459 | \$1,215 | \$1,730 |
| 10                                     | \$69,004  | \$98,198  | \$5,752 | \$8,184 | \$2,876         | \$4,093 | \$2,654         | \$3,778 | \$1,327 | \$1,890 |
| 11                                     | \$74,828  | \$106,486 | \$6,238 | \$8,875 | \$3,119         | \$4,439 | \$2,878         | \$4,097 | \$1,439 | \$2,050 |
| 12                                     | \$80,652  | \$114,774 | \$6,724 | \$9,566 | \$3,362         | \$4,785 | \$3,102         | \$4,416 | \$1,551 | \$2,210 |
| For each additional family member add: |           |           |         |         |                 |         |                 |         |         |         |
|  | + \$5,824 | + \$8,288 | + \$486 | + \$691 | + \$243         | + \$346 | + \$224         | + \$319 | + \$112 | + \$160 |