



Dear Parent/Guardian:

Children need healthy meals to learn. This school year, **International School of Louisiana** can offer healthy meals every school day to all students at no cost. Typically, a student’s household must meet income eligibility requirements to qualify for free or reduced-price meals. However, the United States Department of Agriculture (USDA) issued guidance that allows schools to offer meals to all students at no cost for the 2021-2022 school year.

Although meals are free for all students, applying for school meal benefits may establish eligibility for Pandemic EBT benefits.

While no application or eligibility determination is required for your student to receive free meals this school year, income eligibility requirements will likely resume in the 2022-2023 school year. As such, to establish eligibility for free or reduced-price meals for the 2022-2023 school year, please complete an application for free or reduced-price meals this school year.

Please note that 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 **International School of Louisiana Food Services** 1400 Camp St. New Orleans, LA 70130. Online applications are available at www.myschoolapps.com. If you have questions about applying for free or reduced-price meals, contact the Food Service Office at (504) 444-2696 or mboudreaux@isl-edu.org

INCOME ELIGIBILITY GUIDELINES			
Effective from July 1, 2021 to June 30, 2022			
Household Size	ANNUAL	Monthly	WEEKLY
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Cada persona adicional:	8,399	700	162

1. Who Qualifies for Free Meal Status?

- *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 (UPTOWN) Annie Bachrach at (504) 654-1088 or abachrach@isl-edu.org (WESTBANK) Nikia Magee at (504)274-4571 or nmagee@isl-edu.org or (DIXON) Carrie Craven at (504)934-4875 or ccraven@isl-edu.org
- 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 **Emily Thomas at (504)934-4875 or ethomas@isl-edu.org or ISL Finance Dept. 4038 General Ogden St. N.O. LA 70118**
- 3. **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.
- 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. **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.
- 6. **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.
- 7. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.
- 8. **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.
- 9. **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.myschoolapps.com to begin or to learn more about the online application process. Contact **Melissa Boudreaux at (504)444-2696 or mboudreaux@isl-edu.org** if you have questions about the online application.

If you have other questions or need help, call **Melissa Boudreaux, Food Service Director at (504)444-2696**. si necesita ayuda, por favor llame al teléfono: **Melissa Boudreaux, Food Service Director at (504)444-2696**.

Thank you,
Melissa Boudreaux
Food Service Director

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in International School of Louisiana. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact International School of Louisiana Food Service Department at (504) 444-2696 or mboudreaux@isl-edu.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12			
<p>Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> • Children age 18 or under AND are supported with the household's income; • In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; • Students attending International School of Louisiana regardless of age. 			
<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student at International School of Louisiana? Mark 'Yes' or 'No' under the column titled 'Student' to tell us which children attend International School of Louisiana if you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?			
<p>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</p> <ul style="list-style-type: none"> • The Supplemental Nutrition Assistance Program (SNAP) or • Temporary Assistance for Needy Families (TANF) or • The Food Distribution Program on Indian Reservations (FDPIR). 			
<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 		<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact the Louisiana Department of Children and Family Services (DCFS); 1-888-524-3578. • Go to STEP 4. 	

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child Income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

B) List adult household members'

names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work.

Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

E) Report income from

pensions/retirement/all other income.

Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

F) Report total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

D) Report income from public assistance/child

support/allowance. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

G) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

<p>A) Provide your contact information. Write your current address in the fields provided. If this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Mail Completed Form To: International School of Louisiana Food Service Dept. 1400 Camp St. N.O., LA 70130</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. Also, indicate if you do NOT want your child's information shared with LaCHIP (Louisiana Children's Health Insurance Program). These fields are optional and do not affect your children's eligibility for free or reduced price school meals.</p>
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Non Discrimination Statement

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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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; or

fax:
(202) 690-7442; or

email:
program.intake@usda.gov.

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2021-2022 Household Application for Free and Reduced Price School Meals

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

International School of Louisiana

Apply online: www.myschoolapps.com

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Foster Child <input type="checkbox"/>	Homeless, Migrant, Runaway <input type="checkbox"/>

Check all that apply

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3).

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)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income received by all Household Members listed in STEP 1 here: \$

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 not receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. 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.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/ Child Support/Alimony			Pensions/Retirement/ All Other Income			How often?		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

Total Household Members (Children and Adults)

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

Check if no SSN

STEP 4

Contact information and adult signature Mail Completed Form to: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

"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

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

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
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

No-Cost Health Insurance from Louisiana Children's Health Insurance Program (LaCHIP): Most children getting free OR reduced-price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to share information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child's eligibility for free and reduced-price meals.

I do NOT want school officials to share information from my free and reduced-price meals application with La CHIP. Please sign here: _____ Date _____

Signature of Parent/Guardian _____ Date _____

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.

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INSTRUCTIONS Sources of Income

SOURCES OF INCOME FOR CHILDREN		SOURCES OF INCOME FOR ADULTS	
Sources of Child Income	Examples(s)	Earnings from Work	Public Assistance/Alimony/Child Support
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Salary, wages, cash bonuses	Unemployment benefits
Social Security Disability Payments	A child is blind or disabled and receives Social Security benefits	Net income from self-employment (farm or business)	Worker's Compensation
Survivors Benefits	A parent is disabled, retired, or deceased, and their child receives Social Security benefits	If you are in the U.S. Military Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	Supplemental Security Income (SSI)
Income from person outside the household	A friend or extended family member regularly gives a child spending money	Allowances for off-base housing, food and clothing	Cash assistance from state or local government
Income from any other source	A child receives regular income from a private pension fund, annuity or trust		Alimony payments
			Child Support Payments
			Veteran's Benefits
			Strike Benefits
			Pensions/Retirement/All Other Income
			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

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	Eligibility		Categorically Eligible? <input type="checkbox"/>
	Weekly	Bi-Weekly	Monthly		Annually	Free	
							OR
						Denied	

Determining Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____

Verifying Official's Signature _____ Date _____

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Community Works 21st Century Afterschool Program.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Melissa Boudreaux, Food Service Director at (504)444-2696 or mboudreaux@isl-edu.org**

Return this form to: **International School of Louisiana Food Service Dept. 1400 Camp St. N.O., LA 70130 by September 15, 2021.**

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

fax: (202) 690-7442; or **email:** program.intake@usda.gov. This institution is an equal opportunity provider.