Spring Branch Independent School District

Financial Services Department
School Nutrition Services
1031 Witte Rd, Bldg T2A, Houston, Texas 77055
Phone (713) 251-1150
sns@springbranchisd.com
Michael Francis, Director for School Nutrition Services

Media Release

Application Free and Reduced-Price School Meals

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

Starting on August 1, 2026 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 www.springbranchisd.com/sns

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
  - Household income that is at or below the income eligibility levels
- Categorical (Automatic) Eligibility
  - Household receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF); or Food Distribution Program on Indian Reservations (FDPIR)
- Program Participant
  - Child's status as a foster child, homeless, runaway, migrant, or displaced by a declared disaster
  - 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 complete an application for free and reduced-price meals and return it to School Nutrition Services, 1031 Witte Rd. Bldg. T2A, Houston, TX 77055 or email: SNS@springbranchisd.com . 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

Spring Branch ISD is working with local agencies to identify all children who are categorically and program eligible. Spring Branch 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 School Nutrition Services at 713-251-1150. Any household that wishes to decline benefits should contact School Nutrition Services at 713-251-1150.

Applications may be submitted anytime during the school year. The information provided by households 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, School Nutrition Services, Operations Support Supervisor 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 School Nutrition Services, Director, at 713-251-1150, or in writing at 1031 Witte Rd., Bldg. T2A, Houston, TX 77055.

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, 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 athttps://www.usda.gov/sites/default/files/documents/ad-3027.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; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: Program.Intake@usda.gov.
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Financial Services Department
1031 Witte Rd, Bldg. T2A, Houston, Texas 77055
Phone (713) 251-1500
sns@springbranchisd.com
Michael Francis, Director for School Nutrition Services

Dear Parent/Guardian:

Children need healthy meals to learn. Spring Branch Independent School District offers healthy meals every school day. Go to *www.springbranchisd.com/sns* for current meal prices. Your children may qualify for free meals or for reduced-price meals. Reduced-price is .30 for breakfast and .40 for lunch. If you receive 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 School Nutrition Services, 1031 Witte Rd. Bldg. T2A, Houston, TX 77055 or complete the online version at www.schoolcafe.com/springbranchisd. If you have questions about applying for free or reduced-price meals, contact School Nutrition Services 713-251-1150 or SNS@springbranchisd.com.

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 to the External Funding Support Specialist 713-251-2495.
   - *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 Michael Francis, SNS Director, 1031 Witte Rd. Bldg. T2A Houston, TX 77055; 713-251-1150 or email to SNS@springbranchisd.com.
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.

Effective July 1, 2026 – June 30, 2027

Household Size	Total Income									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	$20,748	$29,526	$1,729	$2,461	$865	$1,231	$798	$1,136	$399	$568
2	$28,132	$40,034	$2,345	$3,337	$1,173	$1,669	$1,082	$1,540	$541	$770
3	$35,516	$50,542	$2,960	$4,212	$1,480	$2,106	$1,366	$1,944	$683	$972
4	$42,900	$61,050	$3,575	$5,088	$1,788	$2,544	$1,650	$2,349	$825	$1,175
5	$50,284	$71,558	$4,191	$5,964	$2,096	$2,982	$1,934	$2,753	$967	$1,377
6	$57,668	$82,066	$4,806	$6,839	$2,403	$3,420	$2,218	$3,157	$1,109	$1,579
7	$65,052	$92,574	$5,421	$7,715	$2,711	$3,858	$2,502	$3,561	$1,251	$1,781
8	$72,436	$103,082	$6,037	$8,591	$3,019	$4,296	$2,786	$3,965	$1,393	$1,983
For each additional family member, add	+$7,384	+$10,508	+$616	+$876	+$308	+$438	+$284	+$405	+$142	+$203

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2026 – June 30, 2027.

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.schoolcafe.com/springbranchisd to begin or to learn more about the online application process contact School Nutrition Services, 1031 Witte Rd. Bldg. T2A Houston, TX 77055; 713-251-1150; email SNS@springbranchisd.com if you have questions about the online application.

If you have other questions or need help, call M. Michelle Dickson, Operations Support Supervisor, 713-251-1150, monica.dickson@springbranchisd.com

Sincerely,

M. Michelle Dickson, Operations Support Supervisor

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, disability, age, or reprisal or retaliation for prior civil rights activity.
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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 Spring Branch ISD. 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 School Nutrition Services, 713-251-1150 or sns@springbranchisd.com.

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

STEP 1: LIST ALL CHILDREN IN THE HOUSEHOLD.

Tell us how many children live in your household. They do NOT have to be related to you to be a part of your household. 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.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- 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, runaway, or Head Start.

A) List the student's district assigned ID number if available.
B) List each child's name. Print each child's name. Use one line of the application for each child. 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.
C) List the child's date of birth mm/dd/yy
D) Check Y or N to indicate if the child is a student in Spring Branch ISD.
E) List the student's school if they are enrolled in a Spring Branch ISD school.
F) Check 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, complete Step 1, Skip Step 2 and 3, and complete step 4.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)?

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your application.
B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the Eligibility Determination Group (EDG) Number. You only need to write one EDG number. If you participate in one of these programs and do not know your EDG number, contact https://texas-benefits.org. You must provide an EDG number on your application if you circled "YES". Skip to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

A) REPORT TOTAL HOUSEHOLD SIZE. Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number MUST be equal to the number of household members listed in 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.
B) PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER. The household's primary wage earner or another adult household member must provide the last four digits of his/her 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.
C) LIST ALL ADULT HOUSEHOLD MEMBERS 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.
D) REPORT TOTAL INCOME for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
   - Report all amounts in GROSS INCOME ONLY. 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.
   - 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 CHILD INCOME Please list the Total income received by all children listed in Step 1.

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.

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 at the bottom of these instructions.

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.
B) PRINT AND SIGN YOUR NAME. Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form.
C) WRITE TODAY'S DATE. In the space provided, write today's date in the box.
D) SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL). At the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

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Spring Branch ISD
2026 - 2027 Application for Free and Reduced Price Meals
Complete one application per household. Please use a pen (not a pencil).

Apply online at
https://schoolcafe.com

STEP 1 — All Children in the Household including infants and students up to and including Grade 12

Student ID (optional)	Last Name First Name MI	Date of Birth (optional)	Student attends school in district?	School	Foster	Homeless, Migrant, Runaway	Head Start
			Y N		☐	☐	☐
			Y N		☐	☐	☐
			Y N		☐	☐	☐
			Y N		☐	☐	☐

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one**: Yes / No

If you answered NO > Complete STEP 3. **If you answered YES** > Write an Eligibility Determination Group (EDG) number then skip to STEP 4.

EDG Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

Total Household Size

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

Check if no SSN ☐

A. List all household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult Household Member Name (First and Last)	Earnings from Work	How Often? W E T M A	Public Assistance / Child Support / Alimony	How Often? W E T M A	Pensions / Retirement / All Other Income	How Often? W E T M A
		W E T M A		W E T M A		W E T M A
		W E T M A		W E T M A		W E T M A
		W E T M A		W E T M A		W E T M A
		W E T M A		W E T M A		W E T M A

Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly, **A** = Annual

A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in Step 1 here.

Child Income	How Often? W E T M A
	W E T M A

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."

Printed name of adult completing the form

Signature of adult completing the form X

Today's Date M M D D Y Y

Street Address (if available)

City

State T X

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Black or African American

☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

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Return this application to School Nutrition Services, 1031 Witte Rd. Bldg. T2A, Houston, TX 77055, or to your child's school.