

Elbert School #200 2023-2024 Household Application for Free and Reduced-Price School Meals

Apply online at ElbertSchool.Org

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

STEP 1 List ALL Students' attending (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date	Grade	Foster Child	Head Start	Homeless	Migrant
			M M D D Y Y	Y Y				

Check all that apply. Read How to Apply for Free and Reduced-Price School Meals for more information.

STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDDPIR). Provide case number and skip to Step 4.

SNAP Case Number: _____ TANF Case Number: _____ FDDPIR Case Number: _____

STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. Student Income
Please include the **TOTAL** income, if any, received by all students listed above.

Student Income: \$ _____

How Often? Weekly Bi-Weekly 2x/Month Monthly Annually

B. All Other Household Members (including yourself)
In the spaces below list all other 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 GROSS INCOME (BEFORE TAXES AND OTHER DEDUCTIONS)** 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.

Names of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often?				Public Assistance/ Child Support/Alimony	How Often?				Pensions/Retirement/ All Other Income	How Often?			
		Weekly	Bi-Weekly 2x/Month	Monthly	Annually		Weekly	Bi-Weekly 2x/Month	Monthly	Annually		Weekly	Bi-Weekly 2x/Month	Monthly	Annually
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Students' and Adults from Steps 1 and 3) _____

Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed. **XXXX-XX-____** **Check box if no SSN**

STEP 4 Contact information and adult signature. Mail signed and completed application to: Elbert School #200 24489 Main St. Elbert, CO 80106
"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."

Mailing Address or PO Box: _____ Apt. # or Lot #: _____ City: _____ State: **CO** Zip Code: _____ Email Address: _____

Home or Cell Phone Number: _____ SIGNATURE of Adult Household Member (Required): _____ Printed First and Last Name of Signer: _____ Today's Date: _____

STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. Please check the box to opt out: **DO NOT** share information with Medicaid/SCHIP

To save you time and effort, the information you gave on this form 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. Completing this section of the form will not change whether your children get free or reduced price meals. **Your information WILL NOT be shared unless you check one of the boxes below:**

Please share my information with the following: Advanced Placement (AP) Exam and/or (AP) Book Fees Accelerate College Opportunity Exam and/or Book Fees School Fees Sports Fees

See back of application

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

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for food stamps
- Referrals to food pantries and free meals
- Get information on child and senior nutrition programs

Food Resource Hotline

CALL US **855-855-4626**
 STATEWIDE TOLL-FREE
 720-382-2920

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las estampillas de comida
- Derivaciones a bancos de comida y carritas gratis
- Obtenga información sobre programas de nutrición para niños y ancianos

Linea Directa de Recursos de Comidas
 LINEA ESTADIAL **855-855-4626**
 720-382-2920

HUNGER FREE COLORADO
HungerFreeColorado.org



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs. Visit coloradopeak.force.com to learn more.

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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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 FDPPIR 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, 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program_intake@usda.gov

This institution is an equal opportunity provider.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; Monthly x 12

Application Type:
 Total Household Income: \$ _____ Household Size: _____
 Weekly Bi-Weekly Monthly Annually
 Categorical Eligibility - SNAP FDPPIR TANF Foster
 Homeless/Migrant/Runaway/Head Start

Application Status: Free Reduced
 Denied - Over Income Guidelines Incomplete/Missing: _____
 Notes: _____

Determining Official Signature: _____ Approval/Denial Date: _____ Notification Sent: _____

Free and Reduced Price School Meal Application Instructions

If you, or someone in your household receives SNAP (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDIPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

STEP 1: List all students first and last names. Optional: Provide date of birth and grade.

STEP 2: List a case number if you or someone in your household participates in SNAP, TANF or FDIPIR

STEP 3: Skip.

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

STEP 1: List all students first and last names. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip.

STEP 3: Skip.

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying based on income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

STEP 1: List all students first and last names. Optional: Provide date of birth and grade. Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip this part.

STEP 3:

A. **Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students' listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to "Sources of Income for Students at the bottom of this page.

B. **All Other Household Members (including yourself):** Print the name of each household member in the boxes marked "Names of Other Household Members." 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. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report Gross Income (total income before taxes and deductions) for each Household Member:

- *Earnings from work:* example: See "Earnings from Work" below. If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income.
- *Income from Public Assistance/Child Support/Alimony:* See "Public Assistance/Child Support/Alimony" below. List the total amount each person received from **any public assistance programs (do not include income from SNAP, TANF or FDIPIR), child support or alimony.** For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.
- *Pensions/Retirement/All Other Income:* See "Pensions/Retirement/All Other Income" below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. **Next to the amount, check how often the person receives it.** If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Report total household members. The total must equal all names listed within the student and household members' fields.

Provide the last four of the Social Security Number (SSN), or "Check if no SSN". This information is not reported to anyone.

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

Sources of Income to Report:

Sources of Income for Students:

Earnings from work
Social Security – Disability or
Survivor's payments
Any other type of regularly received
income

Earnings from Work:

Wages/salaries/tips
Strike benefits
Unemployment Compensation
Worker's Compensation
Net income from self-owned business
or farm

Pensions/Retirement/All Other Income:

Pensions
Supplemental Security Income
Retirement income
Veteran's benefits
Social Security
Disability benefits
Cash regularly withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from people not living in the
household
Net royalties/annuities/rental income
Any other regularly received income, whether federally
recognized or not must be reported

Public Assistance/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony payments
Child support payments
Social Security Benefits