



NICE Community Schools

Office of the Superintendent
300 Westwood Drive
Ishpeming, MI 49849
Phone: (906) 485-1021
Fax: (906) 485-4095



NATIONAL SCHOOL LUNCH PROGRAM-LETTER TO HOUSEHOLDS REGARDING 23-24 APPLICATION FOR SUMMER EBT AND EDUCATION BENEFITS WITH THE MICHIGAN SCHOOL MEALS PROGRAM (a.k.a F&R Meals Application)

Dear Parent or Guardian:

We are pleased to inform you that the NICE Community School District will be participating in the Michigan School Meals (MSM) program as part of the National School Lunch and School Breakfast Programs for the School Year 2023-2024.

The GREAT NEWS is that ALL students enrolled at Aspen Ridge School and Westwood High School can receive a healthy breakfast and lunch at NO CHARGE (FREE) to your household each day.

We still need your household to **fill out and sign the attached Application for Summer EBT and Education Benefits with the Michigan School Meals Program (a.k.a. the Free and Reduced-Price Meal Application)** though. This information is *critical* in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E-Rate, etc.

These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology
- Pandemic-EBT

We are asking that you please complete and submit it as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. All information on the application submitted is confidential. Without your assistance in completing and returning the attached application, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact us at (906) 485-1021.

Thank you.

NICE COMMUNITY SCHOOL DISTRICT

Summer EBT and Education Benefits with the Michigan School Meals Program Application Q&A

1. What is this Application?

The Application for Summer EBT and Education Benefits with the Michigan School Meals Program (a.k.a. Free and Reduced-Price Meal Application) is a household form for families to complete. Even though our district will be serving meals at no cost to all students this school year, **we still need families to complete this application**, as it is used to determine how much education funding our district will receive.

2. Why should I fill out this Application?

- **SCHOOL FUNDING.** We need all families to fill out this application so that our district receives the necessary resources to continue to provide all students with the highest quality education, including funding for things like computers, books, school supplies, and more.
- **SCHOOL MEALS.** Filling out the form will support our district's school meals program.
- **TECHNOLOGY FUNDING.** Our district receives more funding for technology and computers.
- **GROCERY BENEFITS.** Filling out this application may help provide your family with money for groceries through programs that provide food support.
- **SAT, ACT, AND AP TEST DISCOUNTS.** If your household qualifies, you can receive discounts for academic testing.
- **COLLEGE APPLICATION DISCOUNTS.** If your household qualifies, you can receive discounts for college application fees.
- **ATHLETICS.** If your household qualifies, you may receive discounts for fees associated with participating in athletics.

3. How do I access this Application?

You can call (906) 485-1021 and ask to have one mailed to you, you can print a copy from the district website at www.nice.k12.mi.us under Parents – School Meals Application, or you can pick one up from the principals' offices.

4. Do I need to fill out the Application for each student?

No, only one (1) application per household needs to be completed. Please include the names of all students enrolled in our district on the form.

5. Is the information I provide on the Application confidential?

Yes, the personal information you provide on the Application for Summer EBT and Education Benefits with the Michigan School Meals Program is kept confidential.

6. When do I need to complete the Application by?

Please complete the application by October 1, 2023.

Who do I contact if I have questions?
Traci Sundberg, 300 Westwood Dr., Ishpeming, MI 49849
(906) 485-1021 or email sundberg@nice.k12.mi.us

FREQUENTLY ASKED QUESTIONS ABOUT THE APPLICATION FOR SUMMER EBT AND EDUCATION BENEFITS WITH THE MICHIGAN SCHOOL MEALS PROGRAM

Dear Parent/Guardian: **COMPLETE AND RETURN THIS APPLICATION TO THE SCHOOL ASAP**

Our school offers healthy meals each day. For school year 2023-2024, we are joining the Michigan School Meals Program. **All students can get one breakfast and one lunch free of charge each day at school.** Although no application is required to receive this free meal benefit, filling out the **Application for Educational Benefits is still important!** Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other meal programs.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from the **Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)** 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 of 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 INCOME ELIGIBILITY CHART for School Year 2023-2024

Household Size	Annually	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

- 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 have not been told your children will get free meals, please call the school offices at Aspen Ridge (906) 485-3175 or Westwood (906) 485-1023.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one 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:

Chris Marana, Elementary School Principal (PreK-5) or Griffin Lawson, Middle School Principal (6-8),
Aspen Ridge School, 350 Aspen Ridge School Road, Ishpeming, MI 49849

Cliff Fossitt, High School Principal (9-12), Westwood High School, 300 Westwood Dr, Ishpeming MI 49849

- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED THROUGH DIRECT CERTIFICATION?** No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Traci Sundberg, NICE Community Schools, 300 Westwood Dr, Ishpeming, MI 49849, (906) 485-1021 or email sundbergtn@nice.k12.mi.us immediately.

5. CAN I APPLY ONLINE? **NO**, however you can visit the district website **www.nice.k12.mi.us** under Parents – School Meals Application to print a copy of the application and information. Contact Traci Sundberg, NICE Community Schools, 300 Westwood Dr, Ishpeming, MI 49849, (906) 485-1021 or email sundbergt@nice.k12.mi.us if you have any questions about the application.
6. 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 beginning of this school year through the carry-over period on October 16, 2023. You should send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. DO I NEED TO COMPLETE AN APPLICATION? Children in households participating in WIC may be eligible for supplemental benefits. 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 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 Bryan DeAugustine, Superintendent, 300 Westwood Dr, Ishpeming, MI 49849, (906) 485-1021 or email bryand@nice.k12.mi.us.
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.
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 occasionally. 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. Contact Traci Sundberg, NICE Community Schools, 300 Westwood Dr, Ishpeming, MI 49849, (906) 485-1021 or email sundbergt@nice.k12.mi.us or the principals’ offices to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Food Assistance Program (FAP)** or other assistance benefits, contact your local assistance office https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en_US.

If you have other questions or need help, call (906) 485-1021. This institution is an equal opportunity provider.

Sincerely,

Chris Marana, Principal Pre-K – Griffin Lawson, Principal 6-8
Aspen Ridge School (906) 485-3175

Cliff Fossitt, High School Principal 9-12
Westwood High School (906) 485-1023

HOW TO APPLY FOR SUMMER EBT AND EDUCATION BENEFITS WITH THE MICHIGAN SCHOOL MEALS PROGRAM

Please use these instructions to help you fill out the application for Summer EBT Education Benefits with the Michigan School Meals Program. You only need to submit one application per household, even if your children attend more than one school in the NICE Community School District. The application must be filled out completely to certify your children for school meals and summer EBT. 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 Traci Sundberg (906) 485-1021 or email sundberg@nice.k12.mi.us.

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

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.

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, or runaway youth;
- Students attending Aspen Ridge School and/or Westwood High School, regardless of age.

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.

B) Is the child a student at Aspen Ridge School or Westwood High School? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Aspen Ridge or Westwood. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

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.

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 complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now to prevent the school district from potentially needing to contact you later

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

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:

- The Supplemental Nutrition Assistance Program (SNAP) or Food Assistance Program (FAP).
- Temporary Assistance for Needy Families (TANF) or Family Independence Program (FIP).
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- 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 your MDHHS caseworker.
- Go to **STEP 4**.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

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) List 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)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

C) Report earnings from work. List 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. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.

- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

D) List income from public assistance/child support/alimony. List 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.

E) List income from pensions/retirement/all other income. List all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

F) List 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.

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 Social Security Number."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

An adult member of the household must sign the application. 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.

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 and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to: NICE Community Schools, Attn: Traci Sundberg, 300 Westwood Drive, Ishpeming, MI 49849
Optional

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. This field is optional and does not affect your children's eligibility for free or reduced-price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility will be delayed.

2023-2024 Application for Summer EBT and Education Benefits with the Michigan School Meals Program

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

STEP 1: List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Student? Yes No	School	Grade	Foster Child	Homeless Migrant, Runaway
1) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2: Do any Household Members (including you) currently participate in: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3. If 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: List ALL household members and income for each member (before taxes and deductions). Skip this step if you answered "YES" to STEP 2.

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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.

A. Child Income

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? Please put an X
 Weekly Bi-Weekly 2x Monthly Monthly Annual
 \$ _____

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 gross income (before taxes and deductions) 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.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly Bi-Weekly 2x Monthly Monthly Annual	Public Assistance/ Alimony/Child Support	How often received? Weekly Bi-Weekly 2x Monthly Monthly Annual	Pensions/Retirement/ All Other income	How often received? Weekly Bi-Weekly 2x Monthly Monthly Annual
1) _____ \$ _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2) _____ \$ _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3) _____ \$ _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4) _____ \$ _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5) _____ \$ _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total Household Members (Children and Adults)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member (if Applicable)					

Check if no SSN

STEP 4: Contact information and adult signature. RETURN COMPLETED FORM TO: NICE Community Schools, 300 Westwood Dr, Ishpeming, MI 49849

"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 (confirm) 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 _____ Phone (Optional) _____ Email (Optional) _____
 Printed Name of Adult Signing Form _____ Signature of Adult _____ Today's Date _____

SOURCES AND EXAMPLES OF INCOME: for additional information in income, please refer to the instructions that accompany this application.

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security	A child is blind or disabled and receives Social Security Benefits.
- Disability Payments	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's 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 Adult Income	Examples
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / -If you are in the US Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -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 -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

OPTIONAL: Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) 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

Use of Information Statement: The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination: 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

(1) by 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: (833) 256-1665 or (202) 690-7442; or
 (3) email: program.intake@usda.gov.

***Do not mail applications to this address, only complaints of discrimination**

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 12, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Weekly Bi-Weekly 2x Month Monthly Annual

Household Size: _____ Categorical Eligibility: _____ Eligibility: _____
 Free Reduced Denied

Determining Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____

Verifying Official's Signature _____ Date _____