

ATTACHMENT B 2009-2010 APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS
(This form may only be used if participating in the federal Child Nutrition Programs)

 Last Name(s) of Family

 Mailing Address, City, Zip Code

 Telephone Number

INSTRUCTIONS: Complete the application, sign your name, and return application to school.

1. STUDENT INFORMATION: PRINT each child's name, school and grade. (Use a separate application for each foster child)

Names of all children in school (First and Last)	School name	Grade	Check if no income	SNAP case # (if any). Skip to Part 5 if you list a SNAP case number
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

3. Foster Child, check here: If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the **child's** personal use income and the frequency : \$ _____ / _____ (Write "0" if the child has no personal use income); Skip to Part 5.

4. Household Members Include students with income		List last month's gross income and check how often it was received			
First and Last Name	Check if no income	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly

5. Signature and Social Security Number: (Adult MUST sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Social Security Number: _____ - _____ - _____ Check if you do not have a Social Security Number

Sign here: X _____ **Date** _____

Do not fill out this part. This is 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: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Platte Canyon School District #1
2009 – 2010
Public Notice

Platte Canyon School District #1 today announced its policy for determining eligibility of children who may receive free and reduced price meals served under the National School Lunch and School Breakfast Programs. Local school officials will use the following size and income criteria for determining eligibility.

<u>Family Size</u>	<u>FREE MEALS</u> <u>Yearly</u>	<u>REDUCED PRICE MEALS</u> <u>Yearly</u>
1	\$14,079	\$20,036
2	18,941	26,955
3	23,803	33,874
4	28,665	40,793
5	33,527	47,712
6	38,389	54,631
7	43,251	61,550
8	48,113	68,469
For each additional family member add:	\$ 4,862	\$ 6,919

Children from families whose income is at or below the levels shown are eligible for free or reduced price meals.

Application forms are being sent to all homes with a letter to parents. Additional copies are available at the principal's office in each school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility and verifying data. Applications from families receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) need only to list the children's names, respective SNAP case number, and the signature of an adult household member.

All other households that would qualify based upon income must show the names of all household members related or not (such as grandparents, other relatives, or friends), the amount of gross income each person received last month and source, and the signature of an adult household member and that adult's social security number, or check the box if the adult does not have a social security number. The information on the application may be verified by the school or other program officials at any time during the school year.

In certain cases, foster children are also eligible for these benefits. If a family has foster children living with them and wishes to apply for meals, they should contact the school.

Under the provision of the Policy, Platte Canyon School District #1 will review applications and determine eligibility. If a parent is dissatisfied with the decision, a request may be made to discuss it with the determining official. A formal appeal may be made either orally or in writing to for a hearing to appeal the decision. The policy contains an outline of the hearing procedure.

Applications may be submitted any time during the school year. If you are not eligible now but have a decrease in income, become unemployed, have an increase in family size, or become eligible for SNAP benefits, you may fill out an application at that time.

Each school has a copy of the complete policy which may be reviewed by any interested party.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington DC 20250-9410* or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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1. Insert name of School Food Authority (District Name).
 2. Insert title of person reviewing applications and determining eligibility.
 3. Insert title of Fair Hearing Official.

2009-2010 INFORMATION RELEASE

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.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]** .

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]** .

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]** .

If you checked yes to any or all of the boxes above, fill out the information 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 **[name]** at **[phone]**.
Return this form to: [address] by [date].