Yuma School District-1 2023-2024 Application for Free and Reduced Price School Meals AND Family Economic Data Survey In schools participating in the Community Eligibility Program (CEP), receipt of school meals does not depend on households returning this form. In non-CEP schools, this form will be used to determine eligibility for school meals. Complete one application per household. Sections required to be completed for students in CEP and/or non-CEP schools are outlined below. Please use a black or blue pen (no pencil). List ALL Students' attending Yuma School District - 1 (if more spaces are required for additional names, attach another sheet of paper) Birth Date MI Student's Last Name Student's First Name M M D D Y Y Grade Child Start Runaway Homeless Migrant 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 FDPIR 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 (FDPIR). Provide case number and skip to Step 4. **SNAP** Case Number **TANF** Case Number **FDPIR Case Number** Report income for ALL household members (skip this step if you provided a case number in STEP 2) How Often? A. Student Income Student Income Weekly Bi-Weekly 2x Month Monthly Annually Please include the **TOTAL** income, if any, received by all students' listed above. B. All Other Household Members (including yourself) 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 (BEFORE TAXES AND OTHER 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 that there is no income to report. How Often? How Often? How Often? Pensions/Retirement/ Public Assistance/ Names of All Other Household Members Bi-Weekly 2x Month Monthly Annually Bi-Weekly 2x Month | Monthly | Annually Earnings from Work Bi-Weekly 2x Month Monthly Annually Child Support/Alimony All Other Income (First and Last) \$ \$ \$ **Total Household Members** Last four digits of Social Security Number (SSN) of adult signing this form or mark 'NO SSN' Check if no SSN (Students' and Adults from Steps 1 and 3) ONLY if Step 3B has been completed. This element is not required for CEP only schools. XXX-XX-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 the information provide may be used in connection with federal and state educational programs. Specifically, I understand the school district may get additional federal and/or state funding based on the information I have provided. By signing below I agree that my child(ren)'s eligibility status may be shared for these specific purposes and as allowed by law without specific notice and/or consent. I understand that if 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." Email Address Mailing Address or PO Box Apt. # or Lot # City Zip Code Phone SIGNATURE of Adult Household Member 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:

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:

DO NOT share information with Medicaid/SCHIP

## **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. 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. If the applicant declines to self-identify, identification of his or her race and ethnicity will be made using district records or visual identification and recorded in

	the data system.			
	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 Is				
You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.				
	NEED HELP BUYING GROCERIES?	The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the	In accordance with federal civil rights law and U.S. Dep civil rights regulations and policies, this institution is prothe basis of race, color, national origin, sex (including go	
	<ul> <li>Receive one-on-one assistance with applying for food stamps</li> <li>Referrals to food pantries and free meals</li> <li>Get information on child and senior nutrition programs</li> </ul>	information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You	orientation), disability, age, or reprisal or retaliation for program information may be made available in language with disabilities who require alternative means of comm	
	Food Resource Hotline CALL US STATEWIDE, 855-855-4626	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	information (e.g., Braille, large print, audiotape, Americ contact the responsible state or local agency that adminis TARGET Center at (202) 720-2600 (voice and TTY) or Federal Relay Service at (800) 877-8339.	
	TODAY! MEIRO 7 2 0 - 3 8 2 - 2 9 2 0	not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP),	To file a program discrimination complaint, a Complaint AD-3027, USDA Program Discrimination Complaint Fo	
	¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?  Reciba ayuda personalizada para solicitar las estampillas de comida  Derivaciones a bancos de comida y comidas gratis	Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for	online at: https://www.usda.gov/sites/default/files/docun Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf calling (866) 632-9992, or by writing a letter addressed to	
	Obtenga información sobre programas de nutrición para niños y ancianos	your child or when you indicate that the adult household member signing the application	contain the complainant's name, address, telephone num of the alleged discriminatory action in sufficient detail to for Civil Rights (ASCR) about the nature and date of an	

Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs.

Línea Directa de Recursos de Comidas

LÍNEA 855-855-4626

HungerFreeColorado.org

METRO 7 2 0 - 3 8 2 - 2 9 2 0

Visit coloradopeak.force.com to learn more.

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.

partment of Agriculture (USDA) ohibited from discriminating on gender identity and sexual prior civil rights activity. es other than English. Persons nunication to obtain program can Sign Language), should isters the program or USDA's contact USDA through the

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nant should complete a Form orm which can be obtained ments/USDA-OASCR%20P-If, from any USDA office, by to USDA. The letter must nber, and a written description to inform the Assistant Secretary alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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

(833) 256-1665 or (202) 690-7442; or

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; 2 Times per Month x 24; Monthly x 12				
Application Type:	Application Status:			
☐ Total Household Income: \$ Household Size:	Approved - □Free □Reduc	ced		
Household Income Frequency - □ Weekly □ Bi-Weekly □ 2x/Month	Monthly □Annually			
	Denied - □Over Income Guideli	lines □Incomplete/Missing:		
□Categorical Eligibility - □SNAP □FDPIR □TANF □Foster		· • • • • • • • • • • • • • • • • • • •		
☐Homeless/Migrant/Runaway/Head Start	Notes:			
<u> </u>		<u>-                                      </u>		
Determining Official Signature:	Approval/Denial Date:	Notification Sent:		