



2022-2023

SCHOOL MEAL APPLICATION

One application per family (use another application if needed for additional students). **DO NOT** use pencil!

Return this application to your school office, kitchen or Nutrition Services at 2508 4th Ave.

Step 1. List all students PK-12 including D6 charter students. **DO NOT** list college students.

Grade	Student ID	First Name	Middle Initial	Last Name	DOB	Foster
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N

Step 2. Does your family receive Food Stamps (SNAP), Money Assistance (TANF) or FDPIR? If yes, please add your case number in the boxes below.

Medicaid is NOT a qualifier for meal benefits.

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MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) - The information provided in the application may be shared with Medicaid or CHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information. This will not affect your student(s)' eligibility for school meals. Your information WILL be shared unless you check this box:

Please do not share my information with the Medicaid or CHIP Offices.

Step 3. Check any that apply?

Homeless student

Runaway student

Migrant student

If the student you are applying for is Homeless, Migrant or Runaway, call our Runaway Liaison at 970.348.4718 or our Migrant Liaison at 970.348.5437.

Step 4. Including yourself, how many members are in your household?

Step 5. Please list **ALL** members in your home including yourself.

Include income for those receiving it. If any student listed in Step 1 receives income, you need to add that student below and list their income. If an individual is not receiving income please write zero (0).

Write gross (before taxes and deductions) income. **DO NOT WRITE HOURLY RATE OR CENTS.** Circle the pay frequency to reflect earned income.

First and Last Name	Work Pay	Pay Frequency		Public Assistance/ Child Support	Pay Frequency		Pension, SSI or Other	Pay Frequency	
		Monthly	Twice per month		Monthly	Twice per month		Monthly	Twice per month
		Weekly	Every Two Weeks		Weekly	Every Two Weeks		Weekly	Every Two Weeks
		Weekly	Every Two Weeks		Weekly	Every Two Weeks		Weekly	Every Two Weeks
		Weekly	Every Two Weeks		Weekly	Every Two Weeks		Weekly	Every Two Weeks
		Weekly	Every Two Weeks		Weekly	Every Two Weeks		Weekly	Every Two Weeks
		Weekly	Every Two Weeks		Weekly	Every Two Weeks		Weekly	Every Two Weeks

Step 6. Please enter the last four digits of your Social Security number. If you do not have a Social Security number, mark the "No SSN" box.

				OR	
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Last 4 of SSN

No SSN

Marking NO SSN will not have any affect on your immigration status.

Step 7. 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 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. 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.

Race (check one or more)

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- Asian
- White

Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino

CERTIFICATION: "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."

Parent or Guardian Signature

Name of Parent or Guardian (Print)

Address, City and Zip Code

Email address

Phone Number

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 FDPIR 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.

Non-discrimination Statement:

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, audiotope, 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:

Mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
 Fax:
 (833) 256-1665 or (202) 690-7442; or
 Email:
 program.intake@usda.gov

This institution is an equal opportunity provider.