2023-24 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS CARBONADO SCHOOL DISTRICT

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Mailing Address	Printed Name of Adult Household Member	Contact Information & Signature – Complete, sign, and return this application to: 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.	Total Household Members (include all people living in your household): (total listed must equal number of household members listed above)					Names of ALL other household members (do not include students listed above)	List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 o leave the income sections blank, you are promising there is no income to report.	☐ Basic Food	If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.						Student's Last Name	List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.	Check here if you received meal benefits last year: [Complete, sign, and return this application to: CARLY TURNER, BUSINESS MANAGER, 301 O'FERRELL DRIVE, CARBONADO, WA, 98323
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		mplete, sign, and r on this application nformation. I am a	people living in yo sehold members li	\$ \$	\$	\$	\$	Earnings from work (before any deductions)	members - Enter in are promising ther	TANF .	yourself) currently						Student's First Name	attending school. x" in the correct bo	st year: 🗌	to: CARLY TURNER
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City, State & Zip Code	Adult Household Member Signature	s reported. I	Last Prim					Public Assistance/ Child Support/ Alimony	nd CHECK how	Food Distribution Program on Indian Reservations (FDIPR)	of the follov						Date of Birth	nild, homeless ed.		O'FERRELL D
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Dayt		iis information is given in connection with the receipt of federal funds and th may lose meal benefits, and I may be prosecuted under applicable State and	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member	\$ \$	\$	\$	\$	Pensions/ Retirement/ Social Security (SSI)	f a household me	Case Number:	ms, please write						School	this by placing an		'A, 98323
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OSPI CNS

April 2023			Date	Page 2 of 2	Signature of Approving Official	Signature	Date Notice Sent OSPI CNS
		Other:	☐ Income Over Allowed Amount☐ Incomplete/Missing Information	BECAUSE:	APPLICATION DENIED BECAUSE:	☐ Free Meals ☐ Reduced-Price Meals	APPLICATION APPROVED FOR:
th Monthly Annual	2x per Month	Bi-Weekly	Weekly	e \$	Total Household Size Total Household Income	☐ Basic Food/TANF/FDPIR/Foster☐ Income Household	. EA APPROVAL : ☐ Basic Food/TANF/F
iple pay frequencies).	hold reports multi	ne unless househ	(Do NOT convert to annual income unless household reports multiple pay frequencies).	onthly x 12.	y x 26; Twice per month x 24; N	۷: Weekly x 52; Bi-Weekl	ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.
norably discharged veteran or military status, sexual orientation including gender animal by a person with a disability and provides equal access to the Boy Scouts the District Compliance Title IX Officer, Carly Turner, P.O. Box 131, Carbonado,	y status, sexual or nd provides equal r, Carly Turner, P.	eteran or militar ith a disability ar ce Title IX Office	CARBONADO SCHOOL DISTRICT School District's Non-Discrimination Statement Carbonado School District #19 does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of trained dog guide or service animal by a person with a disability and provides equal access to the Boy Scouts and other designated youth groups. If you believe that you have been discriminated against, you may file a grievance with the District Compliance Title IX Officer, Carly Turner, P.O. Box 131, Carbonado, WA. 98323, telephone number (360) 829-0121.	on, color, nationed dog e of trained dog st, you may file	rimination Statement basis of sex, race, creed, religit or physical disability, or the us have been discriminated again	school District's Non-Disc es not discriminate on the ce of any sensory, mental ss. If you believe that you 160) 829-0121.	CARBONADO SCHOOL DISTRICT School District's Non-Discrimination Statement Carbonado School District #19 does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, ho expression or identity, the presence of any sensory, mental or physical disability, or the use of trained dog guide or service and other designated youth groups. If you believe that you have been discriminated against, you may file a grievance with WA. 98323, telephone number (360) 829-0121.
			ro <u>Bram.intake@usda-gov</u>	442; or email թ	fax: (833) 256-1665 or (202) 690-7442; or email progr <u>am.intake@usda.gov</u>	or Civil Rights unity provider.	mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or This institution is an equal opportunity provider.
2, or by writing a letter il to inform the Assistant	ned online at: ng (866) 632-9992 in sufficient detai by:	ch can be obtair A office, by callir minatory action mitted to USDA	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/liles/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:	27, USDA Progra -0508-0002-508 number, and a v	should complete a Form AD-30 A-OASCR%20P-Complaint-Form nt's name, address, telephone of an alleged civil rights violatic	omplaint, a Complainant ult/liles/documents/USD ist contain the complaina bout the nature and date	To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Ni-addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form
nation (e.g., Braille, large and TTY) or contact USDA	in program inform 720-2600 (voice	nication to obtai Center at (202)	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.	n disabilities who gency that admi	ther than English. Persons with the responsible state or local a	le available in languages or anguage), should contact at (800) 877-8339.	Program information may be made available in langu print, audiotape, American Sign Language), should co through the Federal Relay Service at (800) 877-8339.
pasis of race, color, national	minating on the b	oited from discri	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.	rights regulation retaliation for p	nent of Agriculture (USDA) civil	thts law and U.S. Departnation	In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this ins origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
information, but if you do not, we cannot approve your child for free or reducedhe application. The last four digits of the social security number is not required Assistance for Needy Families (TANF) Program or Food Distribution Program on rold member signing the application does not have a social security number. We inforcement of the lunch and breakfast programs. We MAY share your eligibility ograms, auditors for program reviews, and law enforcement officials to help them	the social securit the social securit?) Program or Food does not have a suit programs. We land law enforce	ou do not, we ca ast four digits of y Families (TANF the application of ich and breakfas yrogram reviews		tion. You do no it household me it household me Program (Basic /ou indicate tha als, and for adm or determine be	the information on this application cial security number of the adultical security number of the adultical security number of the adultical securition Assistance entifier for your child or when yole for free or reduced-price me le for free or reduced-price me s to help them evaluate, fund, c	chool Lunch Act requires alast four digits of the sole last four digits of the sole iter child or you list a Suplumber or other FDPIR id mine if your child is eligith, and nutrition programles.	The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the price meals. You must include the last four digits of the social security number of the adult household member who signs t when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult housel will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and eight information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their prolook into violations of program rules.
	Not Hispanic or Latino	□ Not Hisp			te	☐ White	
	Hispanic or Latino	☐ Hispanic	Native Hawaiian or Other Pacific Islander	□ Nativ	Black, or African American		
	Mark one ethnic identity:	Mark one et		☐ Asian	American Indian or Alaska Native	ntities:	Mark one or more racial identities:
elps make sure we are fully	important and he	information is	Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.	nation about yo our child(ren)'s	e are required to ask for inforr optional and does not affect w	Identities (Optional) – W ponding to this section is	Children's Racial and Ethnic l serving our community. Resi

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