## Idalia School District 2022-2023 Household Application for Free and Reduced-Price School Meals

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

with the programs I have

checked:

with any programs

Apply online at idaliaco.us

See back of application

	Idalia Sch	ool District RJ-3					
Student's First Name		Student's Last Name		Birth Date  M M D D Y  D D D D D D D D D D D D D D D D		Child Check all that pply. Read How to Apply or Free and Reduced- Price School Meals for nore nformation.	
	, 3,	) currently receive assistance from	m any of the	following programs: \	SNAP, TANF	or FDPIR list the	e case number below.
Supplemental Nutrition Assistance P (TANF/Colorado Works – Basic Cas Program on Indian Reservations (FD	h Assistance or State Div PIR). <b>Provide case num</b>	version), or Food Distribution ber and skip to Step 4.	SNAP Cas		NF Case Nun	nber ]	FDPIR Case Number
STEP 3 Report income for A	ALL household memb	ers (skip this step if you provided	l a case numb	oer in STEP 2)  How Often	2		
A. Student Income Please include the TOTAL income	me, if any, received by	all students listed above.	Student Inco				
	usehold members not liste ORE TAXES AND OTH	ed in Step 1 (including yourself) even if <b>IER DEDUCTIONS</b> ) for each source report.	f they do not red				
Names of All Other Household Memb (First and Last)	ers Earnings from	How Often?  Work   Weekly   Bi-Weekly   2x Month   Monthly   Annually	Public Assistance/ Child Support/Alin		onthly Annually	Pensions/Retirement/ All Other Income	
	<b>\$</b>	0 0 0 0	\$	0 0 0	O O \$		
	\$	0 0 0 0 0	\$	0 0 0	<u> </u>		) 0 0 0 0
	\$	0 0 0 0	\$	0 0 0	<u> </u>		) 0 0 0 0
	\$	0 0 0 0 0	\$	0 0 0	O O \$		
Total Household Members (Students' and Adults from Steps 1 and	rudents' and Adults from Steps 1 and 3) SSN" of adult signing this form only if Step 3B has been completed.						
		. Mail signed and completed appl					
		nay be prosecuted under applicable State and Fed	eral laws."				
Mailing Address or PO Box	Apt. # or Lot #	City	State	Zip Code		Email Ad	drace
Maning Address of FO Box	Tipt: " of Lot "	City	State	Zip Code		Eman Au	ness
Home or Cell Phone Number	SIGNATURE of	Adult Household Member (Required)		Printed First and I	ast Name of Signer	Today's Date	
meals this information may be shared with the se	ll be used in conjunction with st chool/district for purposes of wa	ate educational programs and may be shared with living school/district program fees that your child(nudent(s) eligibility for school meals. <i>Your information</i> Medicaid/SCHIP  Advance	ren) might otherwise	e be required to pay. The school	district is not permitt boxes below.		ion with anyone else. You are not

(AP) Exam and/or

(AP) Book Fees

Opportunity Exam

and/or Book Fees

## **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 Islander White

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

## NEED HELP BUYING GROCERIES? Receive one-on-one assistance with applying for food stamps Referrals to food pantries and free meals Get information on child and senior nutrition programs Food Resource Hotline CALLUS TODAY! STATEWIDE, 855-855-4626 METRO 7 2 0 - 3 8 2 - 2 9 2 0 ¿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 Obtenga información sobre programas de nutrición para niños y ancianos LÍNEA 855-855-4626 HOY! HÉNGER HungerFreeColorado.org



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

Visit coloradopeak.force.com to learn more.

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.

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 □Reduced						
Household Income Frequency - □ Weekly □ Bi-Weekly □ 2x/Month □	Monthly □Annually						
	Denied - □Over Income Guidelines □Incomplete/Missing:						
□Categorical Eligibility - □SNAP □FDPIR □TANF □Foster	·						
□Homeless/Migrant/Runaway/Head Start	Notes:						
Determining Official Signature:	Approval/Denial Date: Notification Sent:						