

SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties NY 12477 Telephone: (845) 247-6520; Fax: (845) 246-7126

Business Office

August 2016

Dear Parent/Guardian:

Children need healthy meals to learn. The Saugerties Central School District offers healthy meals every school day. Elementary students may buy breakfast for \$1.60 and buy lunch for \$2.35. Jr/Sr High School students may buy breakfast for \$1.85 and buy lunch for \$2.85. Your children may qualify for free or for reduced price meals. Reduced price is \$0.25 for breakfast and \$0.25 for lunch.

- 1) **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your child's school.
- 2) **Who can get free meals?** All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations or TANF, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
- 3) **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4) **Can homeless, runaway, and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail your child's school to see if they qualify.
- 5) **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
- 6) **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you received carefully and follow the instructions. Call the school at 845-247-6567 if you have questions.
- 7) **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first 30 days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 8) **I get WIC – can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a Free/Reduced Price Meal application.
- 9) **Will the information I give be checked?** Yes, and we may also ask you to send written proof.
- 10) **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 11) **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Saugerties Central School District, attn.: Lissa Jilek, Business Manager, Call Box A, Saugerties, NY 12477; (845) 247-6520; (ljilek@saugerties.k12.ny.us).
- 12) **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

- 13) **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 14) **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you make \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 15) **We are in the military. Do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 16) **My spouse is deployed to a combat zone. Is combat pay counted as income?** No, if combat pay is received in addition to the individual's basic pay because of deployment and it wasn't received before being deployed, combat pay is not counted as income. Contact your school for more information.
- 17) **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-342-3009.

**2016-2017 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS**

REDUCED PRICE ELIGIBILITY INCOME CHART

TOTAL FAMILY SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY
1.....	21,978	1,832	916	846	423
2.....	29,637	2,470	1,235	1,140	570
3.....	37,296	3,108	1,554	1,435	718
4.....	44,955	3,747	1,874	1,730	865
5.....	52,614	4,385	2,193	2,024	1,012
6.....	60,273	5,023	2,512	2,319	1,160
7.....	67,951	5,663	2,832	2,614	1,307
8.....	75,647	6,304	3,152	2,910	1,455
For each additional person add	7,696	642	321	296	148

How to Apply: To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals received from the New York State Education Department, **OR carefully complete one application for your household** and return it to the designated office. If you now receive Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income of each household member, how often this income is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

Income Exclusions: The value of any childcare provided or arranged, or any amount received as payment for such childcare or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Nondiscrimination Statement: This explains what do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410;

Fax: (202) 690-7442; or **E-Mail:** program.intake@usda.gov.

This institution is an equal opportunity provider.

Meal Service to Children with Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability, which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment, which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students' names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to access educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and Federal, State or local nutrition programs similar to the National School Lunch Program. Additionally, *all* information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Comptroller General of the United States for audit purposes, and Federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

Reapplication: You may apply for benefits anytime during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at any time.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,



Lissa A. Jilek
Business Manager

SUBMIT ONLY

ONE

APPLICATION

PER FAMILY.

Thank You

2016-2017 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to (*name/school*). Call (*phone number*), if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: _____ CASE # _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all 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 income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number: XXX-XX- _____

I do not have a SS#

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster
 Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
 Free Meals Reduced Price Meals Denied/Paid
 Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to YOUR CHILD'S SCHOOL. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: (845) 247-6567. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
- (3) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

Privacy Act Statement: This explains how we will use the information you give us.

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, 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 adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a 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.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

2016-2017 Solicitud de Familia para las Comidas Escolares y Leche Gratis o Precios Reducidos

Para solicitar por comidas gratuitas o precios reducidos para sus niños, lea las instrucciones en el reverse, complete este formulario para su hogar, firme su nombre y volver a. Llame si usted necesita ayuda. Nombres adicionales se pueden ser listados en un documento separado.

1. Lista todos los niños en su hogar que asisten una escuela:

Nombre del estudiante	Escuela	Grado/Profesor(a)	Hijo/a de crianza	Sin Ingreso, Emigrante, Fugitivo
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR beneficios:

Si alguien en su hogar recibe cupones de alimentos, o beneficios de TANF o FDPIR, liste su nombre y CASO # aquí. Vaya a la parte 4, y firme la solicitud.

Nombre: _____ CASO # _____

3. Informe todos los ingresos para TODOS los miembros del hogar (Omita este paso si usted respondió 'sí' al paso 2)

Todos los miembros del hogar (incluyendo a ti mismo y todos los niños que tienen ingresos).

Lista todos los miembros de la Familia no aparece en el paso 1 (incluido usted mismo) incluso si no reciben ingresos. Por cada miembro de su familia, si no reciben ingresos, informe los ingresos totales de cada fuente en su conjunto sólo dólares. Si no reciben cualquier otra fuente de ingresos, escriba '0'. Si introduce '0' o dejar los campos en blanco, está certificando (prometedor) que no hay informe de ingresos.

Nombre del miembro del hogar	Ganancias del trabajo antes de las deducciones <i>Cantidad/Frecuencia</i>	La manutención de menores, pensión alimenticia <i>Cantidad/Frecuencia</i>	Pensiones, los pagos de jubilación <i>Cantidad/Frecuencia</i>	Otros ingresos, Seguridad Social <i>Cantidad/Frecuencia</i>	Sin Ingreso, Emigrante, Fugitivo
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Totales miembros de la familia (niños y adultos)

Últimos cuatros dígitos del Numero de Seguridad Social: XXX-XX- _____

No tengo un SS#

4. Firma: Un miembro adulto del hogar debe firma esta solicitud y presenta los últimos cuatros dígitos de su Numero de Seguro Social (SS#), o marcar el bloque "No tengo un Numero de Seguro Social) antes de que pueda ser aprobado.

Yo certifico (prometo) que toda la información en esta solicitud es verdadero y he reportado todos los ingresos. Yo entiendo que la información se está dando para que la escuela recibirá fondos federales. Los funcionarios escolares pueden verificar la información y si deliberadamente proveo información falsa, puedo ser procesado bajo de leyes estatales y federales, y mis hijos podrían pedir beneficios de comidas.

Firma: _____ Fecha: _____

Dirección de correo electrónico: _____
Teléfono de la casa: _____ Teléfono del trabajo: _____ Dirección de la casa: _____

NO ESCRIBA DEBAJO ESTA LINEA- PARA USO DE LA ESCUELA

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

INSTRUCCIONES DE SOLICITUD

Para solicitar comidas gratuitas o precio reducido, presente una carta de Habilitación recibida de la Oficina de Temporal y Asistencia de Discapacidad o llene sólo una solicitud de su hogar siguiendo las instrucciones. Firme la solicitud y envíela a _____. Si tiene un hijo de crianza en su hogar, usted puede incluir en su solicitud. Llame a la escuela si necesita ayuda: _____. Asegure de que toda la información se proporciona. Si no lo hace puede resultar en la denegación de beneficios para su hijo o retrasos innecesarios en la aprobación de su solicitud.

PARTE 1 **TODOS LOS HOGARES NECESITEN COMPLETAR LA Información. NO LLENE MAS DE UNA SOLICITUD PARA SU HOGAR.**

- (1) Imprima los nombres de los niños para usted está aplicando en una sola aplicación.
- (2) Liste su grado y escuela.
- (3) Marque el bloque para indicar un hijo de crianza que vive en su hogar, o si usted cree y niño cumple con la descripción para personas sin hogar, migrante, runaway (personal de la escuela confirmará esta elegibilidad).

PARTE 2 **HOGARES CON CUPONES DE ALIMENTOS, TANF O FDPIR DEBE COMPLETE PARTE 2 Y FIRME PARTE 4**

- (4) Liste un presente SNAP, TANF, o FDPIR (Programa de Distribución de Alimentos en Reservas Indígenas) caso número de alguien viviendo en su hogar. El número del caso esta proporcionado en su tarjeta de beneficios.
- (5) Un miembro adulto del hogar necesite firmar la solicitud en PARTE 4. Omite PARTE 3. No liste nombres de miembros del hogar o ingresos si lista un caso número de SNAP, TANF o FDPIR número.

PARTE 3 **TODOS OTROS HOGARES NECESITEN LLENAR ESAS PARTES Y TODOS DE PARTE 4.**

- (6) Escriba los nombres de todos en su hogar, sean o no recibe ingresos. Incluya su nombre y los niños que usted está solicitando, todos los otros niños, su marido(a), abuelos, e otras personas en su hogar (familia o no). Utilice otra hoja de papel si necesita más espacio.
- (7) Escriba la cantidad de ingresos Corrientes de cada miembro del hogar recibe, antes de impuestos o otras deducciones, e indique de donde vino, tales como sueldo, asistencia social, pensiones e otros ingresos. Si el ingreso corriente es más o menos del normal, indique el ingreso normal de esa persona. **Especifique la frecuencia con la cantidad de ingreso que se recibe: semanal, cada dos semanas, dos veces cada mes, o mensual.** El valor de cuidado de niños, proporcionado u arreglado, o cualquier cantidad recibida como pago por cuidado de niños o reembolso de los gastos incurridos por ese cuidado bajo de Cuidado de Niños y Subvención de Desarrollo Bloque, TANF y Programas de Cuidado de Niños de Riesgos no deben ser considerados como ingresos para este programa.
- (8) La solicitud debe incluir sólo los últimos cuatro dígitos del Numero de Seguridad Social del adulto que firme **PARTE 4** si Parte 3 está llenando. Si el adulto no tenga un Número de Seguridad Social, marque el casilla. Si usted listó un número de SNAP, TANF o FDPIR, un número de Seguridad Social no es necesario.

OTROS BENEFICIOS: Su hijo(a) puede ser elegible por beneficios como Medicaid o Programa de Seguro Médico para Niños (PSMN). Para determinar si su hijo(a) es elegible, funcionarios del programa necesitan información desde la solicitud de comidas gratis o precio reducido. Su consentimiento escrito se requiere antes de que cualquier información pueda ser puesta en libertad. Por favor, refiérase a la Carta de Revelación Paternal y Declaración de Consentimiento para obtener información sobre otros beneficios.

Declaración de Privacidad

El Acta de Privacidad: Esto explica como usaremos la información que nos da.

El Richard B. Russell Ley Nacional de Almuerzo Escolar exige la información en esta solicitud. Usted no necesita dar la información, pero si no lo hace, nosotros no podemos aprobar su hijo(a) por comidas gratis o a precios reducidos. Debe incluir los últimos cuatro dígitos del número de Seguridad Social del miembro adulto del hogar quien firma la solicitud. Los últimos cuatro dígitos del número de Seguridad Social no son necesarios si usted está solicitando para un hijo de crianza o usted lista un numero de Cupones de Alimentos, Temporal Asistencia para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en Reservas Indígenas (PDARI) u otro identificador PDARI para su niño o cuando usted indica que el miembro adulto del hogar que firma la solicitud no tiene número de Seguridad Social. Nosotros usaremos su información para determinar si su niño es elegible para recibir comidas gratis o a precio reducido, y para la administración y la ejecución de los programas de almuerzo y desayuno. Es posible que compartiremos su información de elegibilidad con programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar beneficios para sus programas, auditores para revisar programas, y funcionarios del orden para ayudarles a investigar violaciones de las reglas del programa.

Quejas de Discriminación

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en ingles), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algun programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicacion de la informacion del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de seas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audicion o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmision] al (800) 877-8339. Ademas, la informacion del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminacion, complete el Formulario de Denuncia de Discriminacion del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf. y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la informacion solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; o
- (3) correo electronico: program.intake@usda.gov.

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