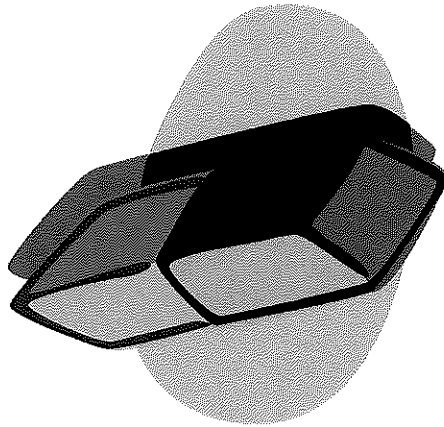


# First Day Packets

8<sup>th</sup> GRADE



- Family Life Education
- QUICK Instructions - Household Application for Free-Reduced Price Meals
- CHILD NUTRITION PROGRAM - LETTER TO HOUSEHOLDS
- HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

**Family Life Education  
EIGHTH GRADE**

**Core Values**

The Division's core values represent those essential to developing young adults who think critically, solve problems, and use their minds in skillful ways that prepare them for their future:

- **EXCELLENCE.** We believe in meaningful learning that stretches people to the frontiers and boundaries of their abilities.
- **YOUNG PEOPLE** deserve the best we have to offer. Each individual child is capable and has the right to safety, mutual respect, and learning.
- **COMMUNITY.** We believe in our collective responsibility to work together in a cooperative effort to achieve common goals by building communities of practice, establishing a high quality learning community, and listening to the community.
- **RESPECT.** We treat all individuals with honor and dignity.

**Statement from the School Board**

The Albemarle County School Board wishes to state to its students, parents, faculty and administration that abstinence is the best choice with regard to alcohol, drugs, or premarital sex. No other choice provides better protection to the social, moral, psychological and biological development of children. We wish to make it clear that this is our standard. The Board also advocates parent involvement in every phase of the curriculum and teaching. Parents are, in the end, those to whom we are responsible. They must assist our schools in the proper development of our children. This Board recognizes that no school program can answer the needs of all parents and students. Therefore, it reminds parents and students that if, in their judgment, this curriculum differs from their personal belief, they can choose not to have their children participate. This Board assures them that students will gain no stigma for that choice. Finally, the Board acknowledges that the teaching of the Family Life Education (FLE) curriculum is one of the most sensitive duties of the school system. Our teachers will present this curriculum to your children with the utmost professionalism and respect for parental rights and values.

**Program Goals - Please refer to the "FLE Learning Objectives" listed for curriculum goals specific to your child's grade level.**

The primary goals of the Albemarle County Public Schools FLE program, as adopted by the School Board, are to develop skills, to promote parent/child discussion, and to impart accurate information concerning:

- Family living and community relationships
- The value of abstaining from sexual activity until marriage
- Human sexuality
- Human reproduction and contraception
- The etiology, prevention and effects of sexually transmitted diseases
- Stress management and resistance to peer pressure
- Development of positive self-concepts and respect for others, including people of other races, religions or origins
- Parenting skills
- The prevention of substance abuse
- The prevention of child abuse.

**FLE Learning Objectives: EIGHTH GRADE**

The following objectives are included in the Family Life Education (FLE) curriculum for eighth grade students:

- Interpret the messages in society related to sexuality.
- Describe or explain the nature of dating during adolescence.
- Describe strategies for saying "no" to premarital sexual relations.
- Analyze the issues related to teenage pregnancy.
- Identify facts about pregnancy prevention and disease control.
- Identify the effects of prevention strategies to reduce the risk of sexual assault, rape, incestuous behavior and molestation.
- Explain the etiology, transmission and prevention of Sexually Transmitted Infections (STI'S).

Per the Virginia Board of Education Guidelines for Family Life Education, individuals selected to teach FLE shall participate in the training program sponsored by the Department of Education.

### Parental Review of FLE Curriculum

In accordance with the Code of Virginia for Family Life Education (Code 22.1-207.2), parents and guardians have the right to review the family life education program offered by their school division, including written and audio-visual educational materials used in the program. Parents and guardians also have the right to excuse their child from all or part of family life education instruction. A complete copy of all printed materials and a description of all audio-visual materials shall be kept in the school library or office and made available for review during school office hours before and during the school year. The audio-visual materials shall be made available for review, upon request, on the same basis as the printed materials are made available. Parents and guardians are encouraged to make arrangements through their child's school to review Family Life Education (FLE) materials.

### Parental Involvement

The Albemarle County School Board bases its belief that parental involvement is essential to the success of the FLE program on the following rationale:

- Parents are responsible for the care and guidance of children.
- Children need parents' time and attention.
- Parents can help guide their children by explaining their values and by exploring future goals for their children.
- Communication between parents and children is vital.
- Children and youth function best when there is clear and cooperative communication between home and school.

### FLE Goals for Students in Special Education Classes

FLE goals for students in special education classes are the same as for students in general education; however, instruction involves a cooperative effort between special education and FLE teachers. Using the Individualized Education Program (IEP) process, the FLE curriculum can and should be modified and adapted to meet the individual needs of the student. FLE goals and objectives for students enrolled in special education classes are written in students' IEPs. Parents are encouraged to contact their child's teacher with any questions.

### Opt-Out Option

In accordance with the Virginia Board of Education Guidelines for Family Life Education (FLE), an "opt-out" procedure shall be provided to ensure communication with the parent or guardian for permission for students to be excused from all or part of the program. This option is available to parents and guardians at any time during the school year before the child's FLE program starts. The alternatives for a student opting out of FLE are as follows:


**Alternative A:** The student may complete a non-family life oriented unit of health study with requirements that are mutually agreed upon by the parent and the FLE teacher.

**Alternative B:** A student in grades 6-10 may participate in a family life oriented unit of health study with requirements that are mutually agreed upon by the parent and the FLE teacher.

In either case, the work completed will be assessed in a manner that is consistent with the normal practice in the school. Any alternative selected must be designed for the student to work independently. Parents or guardians wishing to remove their child from any or all portions of the FLE program should complete the "Opt-Out Form" on the opposite side of this page. Parents should contact their child's teacher or school principal with any questions.

### Questions?

If, after reviewing this brochure, you have any questions or need additional information about the FLE program, please contact your child's teacher or school principal.

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**OPT-OUT FORM** If you wish to remove your child from all or part of the Albemarle County Public Schools Family Life Education (FLE) program, please complete the form below, detach it from the brochure, and return it to your child's teacher as soon as possible.

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Please excuse my child from the entire FLE program.

\_\_\_\_\_ Please excuse my child from the classroom during the time in which the following objectives are taught:

(Please specify the "FLE Learning Objectives: Eight Grade" from which you would like your child to be excused. Objectives specific to your child's grade level are listed above and numbered.)

Your child's teacher will be in touch with you in the near future to work out the details of your child's opt-out plan.



**Albemarle County Public Schools  
Child Nutrition Program  
1180 Seminole Trail, Suite 225  
Charlottesville, VA 22901**

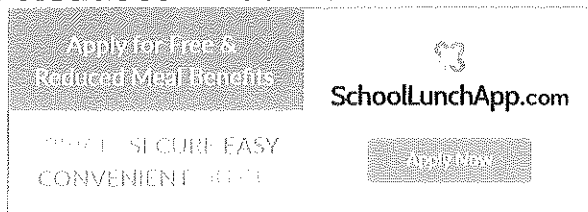
Phone: 434-295-0566 Fax: 434-295-1403

Off Route 29 you will turn west on Greenbrier Drive and take the next left into the 1180 Seminole Place Complex. Once in the complex, turn right, then turn left and park near the **Main Street Entrance**. There is also a great deal of parking in an upper lot accessed by covered walk ways. You will come into the Main Street entrance (there are two sets of double doors), walk down the long hallway. After passing the hallway labeled "third ave.", and almost to the end of the long hallway, we are the last alcove on the right. Sign on the Door.

Al salir de la ruta 29, gire hacia el oeste en Greenbrier Drive y gire a la izquierda en el 1180 Seminole Place Complex. Una vez en el complejo, gire a la derecha, luego gire a la izquierda y estacione cerca de la entrada de Main Street. También hay una gran cantidad de estacionamiento en un lote superior al que se accede por caminos cubiertos. Entrará en la entrada de la calle principal (hay dos juegos de puertas dobles), camine por el largo pasillo. Después de pasar el pasillo con la etiqueta "tercera ave", y casi hasta el final del largo pasillo, somos el último nicho a la derecha. Firmar en la puerta.



# Quick Instructions for the 2019-20 Household Application for Free-Reduced Price Meals



**OR** you may also Apply Online →

<http://albemarlechildnutrition.schoollunchapp.com>

## Part 1

- ✓ USE ONE APPLICATION PER HOUSEHOLD.
- ✓ Complete the information about each child that goes to school.
- ✓ Check box if application is for a Foster Child and **Jump to Part 5**  
(If there are other children in the same household who are not foster children, go to Part 2 or Part 4)

## Part 2

- ✓ Write the SNAP or TANF number if you receive benefits and **Jump to Part 5**

## Part 3

- ✓ Call the ESOL office (434-296-6517) if you are homeless, migrant or runaway.

## Part 4

- ✓ List the names of **ALL** adults and **ALL** children living in the house.
- ✓ Write the income of each person listed (before taxes).
- ✓ If the amount last month was more or less than usual, give the usual amount.
- ✓ Next to the amount, write how often it is received. →

W= Weekly  
2W= Every 2 weeks  
M= Monthly  
2M= Twice a month

## Part 5

- ✓ Mark Hispanic or not Hispanic **ALSO**
- ✓ Indicate racial identity (you may select more than one)

## Part 6

- ✓ Check NO if you do not want information shared with Medicaid or FAMIS.

## Part 6b

- ✓ Check other programs you may be interested in. This is only if your school participates in these programs.

## Part 7

- ✓ Write the last 4 digits of the social security number OR check the box if you do not have one.
- ✓ **Sign and Date!**

Detailed instructions can be found on the reverse of the application form.

For help in Spanish, call the  
ESOL (English for Speakers of Other Languages) office at 434-296-6517

**ALBEMARLE COUNTY PUBLIC SCHOOLS  
CHILD NUTRITION PROGRAM  
2019-20 LETTER TO HOUSEHOLDS**

Dear Parent or Guardian:

Children need healthy meals to learn. Albemarle County Public Schools offer nutritious and reasonably priced meals each school day. Students in elementary school pay \$2.80 for lunch. Middle and High School students pay \$3.05. In schools where a breakfast program is offered, the cost of school breakfast is \$1.50. Reduced price breakfast costs \$ 0.30 and lunch costs \$0.40. Meals may be prepaid on a weekly, monthly or longer basis. Students who qualify may receive free or reduced price meals. All meals served must meet standards established by the U.S. Department of Agriculture. If a child has been determined by a doctor to be disabled and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If your child needs substitutions because of a disability, please contact us for further information.

This Paragraph describes various scenarios that will qualify students for free or reduced meals. PLEASE note those qualifying eligibilities ARE NOT AUTOMATIC and AN APPLICATION MUST be processed by the Child Nutrition Program for the eligibility to take effect. Children who are members of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or receive Temporary Assistance for Needy Families (TANF) are eligible for free meals regardless of income. Foster children who are the legal responsibility of a welfare agency or court are eligible for free meals regardless of the income of the household with whom they reside. Students who are eligible for Medicaid may also be eligible for free or reduced price meals based on the household's income. Children who are members of households participating in WIC may also be eligible for free or reduced-priced meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals or reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year.

**YOU MUST SEND IN A NEW HOUSEHOLD APPLICATION FOR EACH SCHOOL YEAR**

**HOW TO APPLY**

If your child is automatically qualified, you will receive a letter from the Child Nutrition Office. If you feel your child qualifies and have not received a letter, then please submit an application. The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

**If you do not receive SNAP or TANF benefits for your child(ren), complete this application and return it to your child's school or mail it to the Child Nutrition Office.** You may also complete an application online at <http://albemarlechildnutrition.schoollunchapp.com>

**If you do not list a SNAP or TANF case number** for the child(ren) you are applying for, then the application must have the names of all students, the names of **ALL** household members, and the amount and frequency of income each person received last month. An adult household member **must sign the application** and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child (ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

**If you are applying for a foster child**, who is the legal responsibility of a welfare agency or court, an application may not be required. **Contact the Child Nutrition Office for more information.** If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact (434) 296-3872 for more information.

**FEDERAL INCOME GUIDELINES:** Your child(ren) may be eligible for free meals or meals at a reduced price if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown above.

**OTHER BENEFITS:** Your child(ren) may also be eligible for benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. **The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS.** These programs can only use the information to identify children who

<b>INCOME CHART</b>			
<b>For Free or Reduced Price Meals</b>			
Effective July 1, 2019 to June 30, 2020			
Household Size	Yearly	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For Each Additional Family Member Add	\$8,177	\$682	\$158

**\*\*An application that is not complete cannot be approved.**

**\*\*An application that is not signed is not complete.**

**\*\*You must send in ONE new application each school year per household.**

may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared please check the appropriate box on the Free and Reduced Price Meal Application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

Your child(ren) may be eligible for other benefits provided by the school division or in the community. **Please check with your child's school to see what benefits may be available to you based on your free-reduced income eligibility.**

- Community Programs/Services – Dental Clinic, Toy Lift, Food Drive, Clothing Vouchers, Summer Camps, School Supplies
- Academic Programs/Services – Field Trips, Gym Uniform/Athletic Fees, Testing Vouchers, Scholarship Determination, Remediation and Additional Tutoring Services, Interpreter Services

**Please note: without parental consent on the Free and Reduced Meal Application, the Child Nutrition Program cannot refer your family for these services.** Your decision about these other benefits will not affect your child's eligibility for free and reduced priced meals. Please indicate a YES for this referral process by checking the appropriate box in the "other benefits" section of the Free and Reduced Meal Application.

**CONFIDENTIALITY AND NOTICE OF DISCLOSURE:** School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

**VERIFICATION:** Your eligibility may be checked at any time during the school year. School officials may ask you to send information proving that your child(ren) should receive free or reduced price meals.

**FAIR HEARING:** If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with the school nutrition office at 434-295-0566. If you wish to review the final decision on your application you also have the right to a fair hearing. You can request a hearing by calling or writing: **Ms. Rosalyn Schmitt, Chief Operations Officer, Support Services Department, 401 McIntire Road, Charlottesville, VA 22902, (434) 296-5877.**

**REAPPLICATION:** You may reapply for free and reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

**IF YOU NEED HELP FILLING OUT THE APPLICATION FORM, PLEASE CONTACT THE CHILD NUTRITION PROGRAM, (434) 295-0566 o con la oficina de inglés para hablanted de otros idiomas (ESOL), (434) 296-6517.** You will be notified in writing when your child's application is approved or denied. The school cafeteria which your child(ren) attends will also be notified electronically of the approval or denial.

Sincerely,  
Christina Pitsenberger, Director

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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**COMPLETE  
ONE APPLICATION  
PER HOUSEHOLD**

**ALBEMARLE COUNTY PUBLIC SCHOOLS  
2019-20 HOUSEHOLD APPLICATION FOR  
FREE AND REDUCED PRICE MEALS**

Language Code  
E=English  
S=Spanish  
O=Other

APPLICATION #

To apply, please complete, sign and return the application to any school in the division. **For faster processing, you may also complete the application online at <http://albemarlechildnutrition.schoollunchapp.com>**. You may also mail the application to The Child Nutrition Program, 1180 Seminole Trail, Charlottesville, Virginia 22901. Please carefully read the instructions on the back of this form. You may contact our office at (434) 295-0566 if you have questions or need help with completing the application.

**PART 1. Children in School:** List ALL children in school who live in the household.

	LAST NAME	FIRST NAME	M.I.	GRADE	SCHOOL	STUDENT ID # (optional)	FOSTER CHILD **
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>

\*\* If the student(s) you are applying for is a **FOSTER CHILD**, who is the legal responsibility of a welfare agency or the court, check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits

**PART 2. SNAP or TANF:** If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name \_\_\_\_\_ SNAP or TANF Case Number (Do not use 16 digit EBT card number):                 (Case number is 7-12 digits)

**PART 3.** If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school to talk with the homeless liaison or migrant or runaway coordinator.  Homeless  Migrant  Runaway **Complete Parts 1, 4, 5, 6, and 7.**

**PART 4. ALL OTHER HOUSEHOLDS:** List all household members; include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

Names of all Household Members (Include the child(ren) in school above)  Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number in Part 2.		List Gross Income before any deductions. Write in how often income is received. Use the following: <b>(W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly</b>					
		Age	Earnings from Work Before Deductions. Wages, Salaries, and Tips, or Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income Self-owned Business or Farm		Welfare, Child Support, Alimony <small>Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments</small>	Pensions, Retirement, Social Security <small>Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security</small>	All Other Income <small>Disability Benefits, Cash from Savings, Interests/Dividends, Income from Estates/Trusts/Investments, Regular contributions from persons not in the household, Net Royalties/Annuities/Net Rental Income, Any Other Income</small>
			Job 1	Job 2	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often
1.		\$ /	\$ /	\$ /	\$ /	\$ /	
2.		\$ /	\$ /	\$ /	\$ /	\$ /	
3.		\$ /	\$ /	\$ /	\$ /	\$ /	
4.		\$ /	\$ /	\$ /	\$ /	\$ /	
5.		\$ /	\$ /	\$ /	\$ /	\$ /	
6.		\$ /	\$ /	\$ /	\$ /	\$ /	
7.		\$ /	\$ /	\$ /	\$ /	\$ /	
Total Household Members (Children and Adults) <input type="text"/> <input type="text"/>							

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: YOU ARE NOT REQUIRED TO ANSWER THIS QUESTION.**

**Ethnic Identities:** Choose one of the following:  Hispanic or Latino  Not Hispanic or Latino

**Racial Identities:** Choose one or more of the following racial identities (in addition to ethnicity):

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

**PART 6. OTHER BENEFITS: Medicaid & Health Insurance:** Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

**PART 6b OTHERS:** Your permission is required for the school to use this information for other benefits. YES, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose only.

**COMMUNITY PROGRAMS/SERVICES**

- Dental Clinic  Toy Lift / Food Drive  Clothing Vouchers  Summer Camps/Activities  School Supplies

**ACADEMIC PROGRAMS/SERVICES**

- Athletic Fees  Field Trips/Gym Uniform  Testing Vouchers / Scholarship Determination  Remediation/Additional Tutoring Services  Interpreter Services

**Part 7. SIGNATURE & SOCIAL SECURITY NUMBER:** An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved. (Before signing, read the privacy and civil rights statements on the back of this application) 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 state and federal laws.

XXX-XX-

I Do Not Have A Social Security Number

**SIGN HERE >>**

Last four digits of Social Security Number of Adult Signing Application

Signature of Adult Household Member

Date

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_



## INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, **complete ONE application for ALL children in the household who are in school** using the following instructions. Sign the application and return to any school in the division or the school nutrition office. Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS.**

**A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU**

### **IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.

**Parts 3 & 4:** Skip these parts.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

### **IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.

**Part 4:** Complete this part. See instructions for All Other Households, Part 4, below.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

### **IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:**

**If all children in the household are foster children:**

**Part 1:** List all foster children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child.

**Parts 2, 3 & 4:** Skip these parts.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

**If one or more children in the household are foster children and other children in the household are not foster children:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.

**Part 2:** If the household does not have a SNAP or TANF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Columns 1-3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

### **ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** If the household does not have a SNAP or TANF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Columns 1-3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

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 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.

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.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.