

Date Withdrew \_\_\_\_\_

Attachment Va F \_\_\_\_\_ R \_\_\_\_\_ D \_\_\_\_\_

**2018-2019 Aplikasyon Pou Manje Ak Lèt Gratis Ou Pri Redwi Nan Lekòl Yo**

Pou aplike pou manje lekòl gratis ou pri redwi pou pitit ou, li enstriksyon nan do paj la, konplete yon sèl aplikasyon pou tout fanmi an, siyen li e retoune li nan adrès anba a. Rele nan nimewo 845-353-7036, si ou bezwen plis enfòmasyon.

Retoune aplikasyon nan: **Nyack Public Schools**  
**13-A Dickinson Avenue**  
**Nyack, N.Y. 10960**

1. Mete non tout timoun nan kay la ki nan lekòl Nyack:

Non Elèv Yo	Lekòl	Klas/Pwofesè	Timoun Ki Adopte	Moun San Kay, Etranje, Timoun Ki Sove Kite Lakay yo
			<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:

Si moun nan fanmi resévwa SNAP, TANF FDPIR benefits, mete CASE # la. Tanpri siyen aplikasyon an.

Non: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Deklare tout lajan ke tout moun nan fanmi fe (si ou genyen SNAP jis bay nimewo a ou pa bezwen ranpli # 3)

Tout moun nan fanmi an (Mete non tout moun ki nan fanmi an ak tout lajan yo fèt).

Mete non tout moun ki abite nan kay la mem sa ki pap travay yo (mem non pa ou). Pou chak moun ki nan kay la mete konbyen lajan yo fè e si se chak semèn ou chak de semèn ou mem chak mwa yo touchè lajan sa-a. Si ou pa travay e ou pa genyen okenn revni se pou mete "0". Si ou mete "0" kite plas la vid, ou sètifye bay ke ou pa genyen yon revni dj tou.

Non tout moun ki abite nan kay la	Salè nan travay ou Anvan dediksyon Kantite / konbyen fwa	Sipò pou Timoun, Alimoni Kantite/ Konbyen fwa	Lajan Pansyon, Retrèt Kantite/ Konbyen Fwa	Lèt lajan, Sosyal Sekirite Kantite/ Konbyen fwa	No Salè
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

(Timoun /Granmoun)

\*Kat Donye Nimewa Sosyal Sekirite Paran: XXX-XX-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Mwen pa genyen # SS

\*(SS#), Make "Mwen pa genyen sosyal sekirite" Nou bezwen # sosyal sekirite avan nou apwouve aplikasyon an.

4. Siyati: Yon granmoun sipoze siyen aplikasyon an pou li ka valid.

Mwen sètifye (promise) ke tout enfòmasyon mwen bay yo se verite yo ye. Mwen konpran byen ke enfòmasyon sa yo lekòl la genyen obligasyon pou li pataje yo avèk ofisyè federal e ofisyè lekòl yo genyen dwa pou verifye pou yo wè si enfòmasyon ou bay la li vrè ou fo, e si yo jwen enfòmasyon pa vrè yo ka pran sanksyon kontre ou mem a timoun yo ap pedi lunch gratis nan lekòl la.

Siyati: \_\_\_\_\_ Dat: \_\_\_\_\_

Adrès E-mail: \_\_\_\_\_

Telefòn Kay: \_\_\_\_\_ Telefòn Travay: \_\_\_\_\_ Adrès: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

**PA EKRI NAN LIGN ANBA- LI REZEVE POU LEKOL YO SELMAN**

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, complete only one application for your household using the instructions below. Sign the application and return the application to \_\_\_\_\_.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: \_\_\_\_\_. 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 SNAP, TANF OR FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDIPIR (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 FDIPIR 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) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) 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 FDIPIR number, a social security number is not needed.
- (5) An adult household member must sign the application in PART 4.

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). 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.

#### USE OF INFORMATION STATEMENT

Use of Information Statement: 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 FDIPIR 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.nsc.usda.gov/complaint\\_filing\\_cust.html](http://www.nsc.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) 632-9982. 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.