

Cheyenne County School District RE-5

How to Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit **one** application per household, even if your children attend more than one school in **Cheyenne County School District RE-5**. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Cheyenne Wells School/Cassie Turner-719-767-5656 & cassie.turner@cheyennesd.net**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY. RETURN THE COMPLETED AND SIGNED APPLICATION TO:

[Cheyenne Wells School District RE-5, Po Box 577, Cheyenne Wells, CO 80810, Attention: Cassie Turner

STEP 1: LIST ALL STUDENTS ATTENDING [Cheyenne County School District RE-5.

Tell us how many students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Students attending **Cheyenne Wells School District RE-5** and are in your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Cheyenne Wells School District RE-5**, *regardless of age*.

A) List each student's name. For each student, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Does the student have income? If 'Yes' report income of student's in STEP 3A. If 'No' check the 'No Income' box.

C) Optional: Provide the birthdate and Grade for each student.

D) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

E) Are any children homeless, migrant, runaway or participating in Head Start? If you believe any child listed in this section may meet this description, please mark the "Homeless, Head Start, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF OR FDPIR?

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- *Leave STEP 2 blank and proceed to STEP 3.*

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- *Provide a case number for SNAP, TANF or FDPIR.* You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your county or state assistance programs office. **You must provide a case number on your application.**
- *If you provided a case number, skip to STEP 4.*

STEP 3: REPORT GROSS INCOME FOR ALL STUDENT'S AND HOUSEHOLD MEMBERS

A) Student Income: Refer to the chart titled "Sources of Income for Student's" below and report the combined gross income (before taxes and other deductions) for **ALL** students listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Student Income?

Income that is received from outside your household and is paid **directly** to your children should be reported. Many households do not have any student income. Use the chart below to determine if your household has student income to report.

Sources of Income for Students	
Sources of Student Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wages.
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor's Benefits 	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> • Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

B) All Other Household Members (including yourself): Print the name of each household member in the boxes marked "Names of Other Household Members." **Do not list any household members you listed in STEP 1.** If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

A) Provide your contact information. Write your current mailing address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) Today's Date. In the space provided, write today's date in the box.

STEP 5: RELEASE OF INFORMATION

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. **Your information WILL be shared unless you check one of the boxes below.**

OPTIONAL: Share children's Racial and Ethnic Identities. On the back of the application, we ask you to share information about your children's race and ethnicity. **This field is optional and does not affect your children's eligibility for free or reduced price school meals.**

Cheyenne County School District RE-5

Free and Reduced Price School Meals – Information Letter to Households

Dear Parent/Guardian:

Children need healthy meals to learn. **Cheyenne County School/District RE-5** offers healthy meals every school day. Breakfast costs **Students PK-6 \$1.25, 7-12 \$1.50** and lunch costs **Students PK-6 \$2.25, 7-12 \$2.50**. **Your children may qualify for free or reduced price school meals.** Students in all grades that qualify for reduced price meals will receive breakfast at no charge. Students in preschool through 5th grade who qualify for reduced meals will also receive lunch at no charge. Reduced price lunch is \$.40 for students grades 6-12.

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. You can also find applications www.cheyennesd.net or apply online at <http://www.cde.state.co.us/nutrition/nutrfreeandreducedmaterials>

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Needy Family (TANF/Colorado Works – Basic Cash Assistance or State Diversion), are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Foster children may be added as a household member of the foster family if the foster family chooses to apply. Including foster children as household members may help other children qualify for benefits. If the foster family is not eligible, it does not prevent a foster child from receiving benefits.
- Children who qualify for their districts Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017 – 2018			
Household size	Yearly	Monthly	Weekly
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
Each additional person:	\$7,733	\$645	\$149

- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not already been notified that your children will receive free meals, please call or e-mail **Cheyenne Wells School, Homeless Liaison or Migrant Coordinator**].
- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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: **Cassie Turner, Po Box 577, Cheyenne Wells CO, 80810, 719-767-5656, cassie.turner@cheyennesd.net**

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for other assistance benefits, contact your local assistance office. Colorado PEAK is an online service to screen and apply for medical, food and cash assistance programs. It can be accessed at <http://coloradopeak.force.com/>.

If you have other questions or need help, contact **Cassie Turner, Po Box 577, Cheyenne Wells CO, 80810, 719-767-5656, cassie.turner@cheyennesd.net**

Sincerely,



Cassandra Kay Pelton-Turner

Non-discrimination Statement:

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.

Cheyenne County School District RE-5 2017-2018 Household Application for Free and Reduced Price School Meals

Apply online at www.cheyennesd.net

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

Student's First Name	MI	Student's Last Name	No Income	Birth Date			Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
				M	D	Y						

Check all that apply. Read How to Apply for Free and Reduced Price School Meals for more information.

STEP 2 If household members (including you) currently participate in one of the following assistance programs: SNAP, TANF, or FDIPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). Provide case number and skip to Step 4.

STEP 3 Report income for ALL household members (Skip this step if you provided a case number in STEP 2)

A. Student Income
Please include the TOTAL income, if any, received by all students' listed above.

B. All Other Household Members (including yourself)
List all other 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 GROSS (BEFORE TAXES AND OTHER DEDUCTIONS) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of Other Household Members (First and Last)	Earnings from Work			How Often?			Public Assistance/Child Support/Alimony	How Often?			Pensions/Retirement/All Other Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually	Weekly		Bi-Weekly	2x Month	Monthly		Annually	Weekly	Bi-Weekly	2x Month	Monthly
\$							\$									
\$							\$									
\$							\$									
\$							\$									

Total Household Members (Students' and Adults) _____ Last four digits of Social Security Number (SSN) of adult signing this form _____ or mark 'NO SSN' ONLY if Step 3B has been completed. XXX-XX

STEP 4 Contact information and adult signature. Mail signed and completed application to: Cheyenne County School District RE-5/Po Box 577, Cheyenne Wells, CO

"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."

Mailing Address or PO Box _____ Apt. # or Lot # _____ City _____ State _____ Zip Code _____ Email Address _____

Printed First and Last Name of Signer _____ Today's Date _____

STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. Your information WILL be shared unless you check one of the boxes below.

- Do NOT share my information with any programs
- Medicaid/SCHIP
- List Specific Program
- List Specific Program
- List Specific Program
- List Specific Program

Free and Reduced Price School Meal Application Instructions

If you, or someone in your household receives SNAP (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDIPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

STEP 1: List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

STEP 2: List a case number if you or someone in your household participates in SNAP, TANF or FDIPIR

STEP 3: Skip.

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

STEP 1: List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip.

STEP 3: Skip.

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying based of income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

STEP 1: List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip this part.

STEP 3:

A. **Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students' listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to "Sources of Income for Students at the bottom of this page.

B. **All Other Household Members (including yourself):** Print the name of each household member in the boxes marked "Names of Other Household Members." Do not include people who live with you but are not supported by your household's income and do not contribute income to your household. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report Gross Income (total income before taxes and deductions) for each Household Member:

o *Earnings from work:* example: See "Earnings from Work" below. If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income.

o *Income from Public Assistance/Child Support/Alimony:* See "Public Assistance/Child Support/Alimony" below. List the total amount each person received from **any public assistance programs (do not include income from SNAP, TANF or FDIPIR), child support or alimony.** For example: if you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.

o *Pensions/Retirement/All Other Income:* See "Pensions/Retirement/All Other Income" below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Report total household members. The total must equal all names listed on the application.

Provide the last four of the Social Security Number (SSN), or "Check if no SSN".

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

Sources of Income to Report:

Sources of Income for Students:

Earnings from work
Social Security – Disability or
Survivor's payments
Any other type of regularly received
income

Earnings from Work:

Wages/salaries/tips
Strike benefits
Unemployment Compensation
Worker's Compensation
Net income from self-owned business
or farm

Pensions/Retirement/All Other Income:

Pensions
Supplemental Security Income
Retirement income
Veteran's benefits
Social Security
Disability benefits
Cash regularly withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from people not living in the
household
Net royalties/annuities/rental income
Any other regularly received income

Public Assistance/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony payments
Child support payments

Cheyenne County School District RE-5
2017-2018 Direct Certification for Free School Meals
Eligibility Letter

Date:

Dear Parent/Guardian:

Each student listed below has been automatically approved for free school meals based on your eligibility for Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF/CO Works – State Diversion or Basic Cash Assistance) benefits.

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____

The children listed above will receive free school meals. It is **NOT NECESSARY to complete an application for free or reduced price school meals for any of the children listed above. Please KEEP THIS LETTER for your records.** Do not return it to the school.

If there are other children in your household who aren't listed above, they also qualify for free school meals.

Please contact the school your child(ren) attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free school meals.
- You do not want your child(ren) to receive free school meals.
- You have any additional questions or concerns.

Cheyenne County School District RE-5: _____
Po Box 577, Cheyenne Wells, CO 80810 : _____
719-767-5656: _____ cassie.turner@cheyennesd.net _____

Sincerely,

Cassandra Kay Pelton-Turner

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, 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 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.

USDA Nondiscrimination Statement: 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.