

# Mancos School District RE-6 2018-2019 Household Application for Free and Reduced Price School Meals

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

Mancos Schools

Birth Date

M M D D Y Y

## STEP 1

Student's First Name	MI	Student's Last Name	Grade	<input type="checkbox"/> Foster Child <input type="checkbox"/> Head Start <input type="checkbox"/> Runaway <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR 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.**

SNAP Case Number     
  TANF Case Number     
  FDPIR Case Number

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

**Student Income**

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

Student Income: \$

How Often?

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rce in

ncome. For each household member listed, if they do receive income, report  
. If they do not receive income from any source, write '0'. If you enter '0' or leave

Weekly	Bi-Weekl y	2x Month	Monthly	Annua l y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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     Do not share my information with the programs I have checked:     Medicaid/SCHIP     Mancos Athletics     MSTF (Garden)     Food Share Pantry     Local and State Grants

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):  Hispanic or Latino     Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native     Asian     Black or African American     Native Hawaiian or Other Pacific Islander     White

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

**NEED HELP BUYING GROCERIES?**

- Receive one-on-one assistance with applying for **food stamps**
- Referrals to **food pantries** and free meals
- Get information on child and senior **nutrition programs**

**Food Resource Hotline**

**CALL US TODAY!** STATEWIDE, TOLL-FREE **855-855-4626**  
METRO DENVER **720-382-2920**

**¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?**

- Reciba ayuda personalizada para solicitar las **estampillas de comida**
- Derivaciones a **bancos de comida** y comidas gratis
- Obtenga información sobre **programas de nutrición** para niños y ancianos

**Línea Directa de Recursos de Comidas**

**¡LLÁMENOS HOY!** LÍNEA ESTATAL **855-855-4626**  
METRO DENVER **720-382-2920**

**HUNGER FREE COLORADO** **HungerFreeColorado.org**



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs. DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: **Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24**; Monthly **adpeak.force.com** to learn more.

Month

Application Type:  
Total Household Income: \$  
Household Size: \_  
Household Income Frequency -  Weekly  Bi-Weekly  2x/Month  Monthly  Annually  
 Categorical Eligibility -  SNAP  FDPIR  TANF  Foster

Application Status:  
Approved -  Free  Reduced  
Denied -  Over Income Guidelines

<input type="checkbox"/> Homeless/Migrant/Runaway/Head Start	<input type="checkbox"/> Incomplete/Missing: Notes:	
Determining Official Signature:	Approval/Denial Date:	Notification Sent:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.