



Weldon Valley School District RE-20J

911 North Ave., Weldona, CO 80653 | tel. (970) 645-2411 | fax (970) 645-2377
K-12 Principal: Ben Bauman | Superintendent: Robert Petterson
www.weldonvalley.org

Weldon Valley School District Free and Reduced- Price School Meals School Year 2020-2021

Dear Weldon Valley School Families,

Please read over the information and application listed on the following pages. You can print off the application and bring it into the school or send it to:

Krista M. Dunn
Weldon Valley School
Business Manager
911 North Avenue
Weldona, CO 80653
970-645-2411

Feel free to call me if you have any questions.

Thank you,

Krista M Dunn

WELDON VALLEY SCHOOL DISTRICT RE 20J FREE AND REDUCED-PRICE SCHOOL MEALS POLICY 2020-2021 SCHOOL YEAR

Weldon Valley School District RE 20J announced its policy for determining eligibility of children who may receive free and reduced price meals served under the National School Lunch (NSLP) and School Breakfast Programs (SBP). Local school officials will use the following household size and income criteria for determining eligibility.

Household Size	Free Guidelines – Annual Income	Reduced Guidelines – Annual Income
1	\$16,588	\$23,606
2	\$22,412	\$31,894
3	\$28,236	\$40,182
4	\$34,060	\$48,470
5	\$39,884	\$56,758
6	\$45,708	\$65,046
7	\$51,532	\$73,334
8	\$57,356	\$81,622
For each additional person:	\$5,824	\$8,288

Children from families whose income is at or below the levels shown are eligible for free or reduced price meals.

Applications for free and reduced price school meals, instructions and an informational letter to households are available. Only one application is required for all children in the household. The information provided on the application is confidential and will be used only for the purpose of determining eligibility and verifying data.

Applications from households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, Food Distribution Program on Indian Reservations (FDPIR) benefits or Temporary Assistance for Needy Family (TANF/Colorado Works, Basic Cash Assistance or State Diversion) benefits need to provide the respective case number and the signature of an adult household member. Eligibility for free school meals is extended to all children in the household when the application provides a case number for any household member.

Households that qualify based upon income must provide the names of all household members related or not (such as grandparents, other relatives or friends), the amount of gross income each household member receives, the frequency and source of pay, the signature of an adult household member and the last four digits of that adult household member's Social Security number—or check the box if the adult household member does not have a social security number. Weldon Valley School or program officials may verify the information on the application at any time during the school year.

Households with children who are eligible under the Head Start, homeless, migrant, or runaway programs should contact Ben Bauman for assistance in receiving meal benefits. To complete an application, the household must mark the relevant box to indicate their appropriate eligibility and the signature of an adult household member is required.

Foster children who are under the legal responsibility of a foster care agency or court are eligible for free school meals. Any foster child in the household is eligible for free school meals regardless of income. If a household has only foster children in the home and wishes to apply for free school meals, the application should be completed using the instructions for *households with foster children only*. If a household has foster and non-foster children living with them and wishes to apply for free school meals, the application should be completed using the instructions for *households with foster and non-foster children residing in the home*. Including foster children as household members may help other children in the household qualify for meal benefits. If the foster family is not eligible to receive meal benefits, it does not prevent a foster child from receiving free school meals.

An application cannot be approved unless it contains complete eligibility information as indicated on the application and instructions.

When determined by Weldon Valley School District, that members of a household are receiving assistance from SNAP, TANF or FDPIR, households will be notified of their children's eligibility for free school meals. If the household receives such notice, no application is required for free or reduced price school meal benefits. If any children in the household were not listed on the

eligibility notice or not listed on the application, the household should contact Weldon Valley School District to have benefits extended to all children in the household.

When determined by Valley School District, that an individual child is categorized as homeless, migrant, or runaway or is enrolled in an eligible Head Start program, households will be notified of the child's eligibility for free school meals. For any children not listed on the eligibility notice, the household should contact Valley School District about eligibility under one of these programs or should submit an application for other children.

Valley School District will notify households of their children's eligibility for free or reduced price school meals. The eligibility is valid for the current school year and a carryover period of up to 30 operating days into the next school year. When the carryover period ends, unless the household is notified that their children are directly certified or the household submits an application that is approved, Valley School District will not send a reminder or a notice of expired eligibility and the children must pay full price for school meals. Households notified of their children's eligibility for free or reduced price school meals must contact Valley School District if they choose to decline meal benefits.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals. Please contact your school district.

Under the provision of the free and reduced price school meal policy, Krista Dunn will review applications and determine eligibility. If a parent is dissatisfied with the decision, a request may be made to discuss it with the determining official. A formal appeal may be made either orally or in writing to Bob Petterson, Superintendent for a hearing to appeal the decision. Weldon Valley School District has a copy of the complete free and reduced price school meal policy, which may be reviewed by any interested party. The policy contains an outline of the hearing procedure.

Applications may be submitted at any time during the school year. The household may complete an application if any household member(s) have a decrease in income, become unemployed, have an increase in family size, become eligible for SNAP, TANF or FDIPIR benefits or become categorically eligible.

If you are eligible for free or reduced-price school meals you may be eligible for Pandemic-EBT and SNAP. For more information on Pandemic-EBT please visit: <https://www.colorado.gov/cdhs/p-ebt>.

For more information on SNAP please

visit: <https://coloradopeak.secure.force.com> or <https://www.colorado.gov/cdhs/supplemental-nutrition-assistance-program-snap>.

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, religious creed, disability, age, political beliefs, 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.

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!
 LINEA ESTATAL **855-855-4626**
 METRO DENVER **720-382-2920**

HUNGER HungerFreeColorado.org
FREE DELIVERY



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs.

Visit coloradopeak.force.com to learn more.

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.

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 x 12

Application Type:
☐ Total Household Income: \$ _____ Household Size: _____
 Household Income Frequency - ☐ Weekly ☐ Bi-Weekly ☐ 2x/Month ☐ Monthly ☐ Annually
☐ Categorical Eligibility - ☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster
☐ Homeless/Migrant/Runaway/Head Start

Application Status:
 Approved - ☐ Free ☐ Reduced
 Denied - ☐ Over Income Guidelines ☐ Incomplete/Missing: _____
 Notes: _____

Determining Official Signature: _____

Approval/Denial Date: _____

Notification Sent: _____

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

[illegible]

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.**

[illegible]

A. Student Income

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

Student Income	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. All Other Household Members (including yourself)

In the spaces below 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 INCOME (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars 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.

[illegible]

Total Household Members

Total Household Members

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Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.

XXX-XX-					
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Check box if no SSN ☐

STEP 4 Contact information and adult signature. Mail signed and completed application to: Weldon Valley School, 911 N. Ave., Weldon CO 80653

"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."

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

STEP 5 Release of Information

Home or Cell Phone Number

SIGNATURE of Adult Household Member (Required)

Printed First and Last Name of Signer

Today's Date

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. If your students are eligible to receive free or reduced price meals this information may be shared with the school/district for purposes of waiving 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