

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.

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: _____

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**
 AFTERNOON DENVER: **720-382-2920**

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDAS?

- 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 ESTADAL: **855-855-4626**
 DENVER: **720-382-2920**

HUNGER HungerFreeColorado.org



Springfield School District RB-4 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 Springfield School District. 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 Springfield School District, Pam Hartley, 719-523-6654, pam.hartley@spr4.org.

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:
Springfield School District, ATTN: Pam Hartley, 389 Tipton St., Springfield, CO 81073 or email
pam.hartley@spr4.org

STEP 1: LIST ALL STUDENTS ATTENDING SPRINGFIELD SCHOOL DISTRICT.

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 Springfield School District and are in your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
• Students attending Springfield School District, 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.

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 FDIPIR?

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 FDIPIR. 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 STUDENTS 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 | |
|---|---|
| • A child has a job where they earn a salary or wages. | • Earnings from work |
| • 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. | • Social Security ○ Disability Payments ○ Survivor's Benefits |
| • A friend or extended family member regularly gives a child spending money. | • Income from persons outside the household |
| • A child receives income from a private pension fund, annuity, or trust. | • Income from any other source |
| Example(s) | |

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.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

| 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 (if you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • 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 • Regular cash payments from outside household |

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.

FOR EACH HOUSEHOLD MEMBER:

Who should I list here?

- When filling out this section, please include all members in your household who are:
- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.
 - Children age 18 or under and are supported with the household's income, that were not already reported as students.
 - 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.
 - Children and students already listed in Step 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in gross income ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes or deductions.
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write "0" or leave any fields blank, you are certifying that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

C) Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your eligibility for free and reduced price school meals.

G) Provide the last four digits of your Social Security Number, or an indication of no Social Security Number. The household's primary wage earner or another adult household member must enter the last four digits of their 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."