

Oktohome

Leflore County

District 1-067

Howe Public Schools
Plum and Railroad Street
P.O. Box 259
Howe, Oltahoma 74940
Central Diffices918-658-3665
FAM 918-558-2233
www.howeschools.org

Soard of Education Sivis Hall, President Jason Blake, Vice-President Bobby Cox, Clerk Vickle Jirash, Assistant Glerk Dwayne Lontherwood, Membor

Dennis Shoup High School Principal 948-938-2088 Seett L. Paris Superintendent 918-888-8886 Jeremy Byer Homentery Principal 949-889-2508

### Dear Parent/Guardian:

The free meal program Howe Public Schools has been able to offer over the last four years has ended. This year students will still receive free meals; however, we are requesting that each student complete a free and reduced application and return it to Christie Bennett on or before September 25, 2020. If you have any questions please call (918) 658-3666.

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

### Dear Parent/Guardian:

Children need healthy meals to learn. Howe Public Schools offers healthy meals every school day. Breakfast costs \$ 0.00; lunch costs \$ 0.00 . Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$ 0.00 for breakfast and \$ 0.00 for lunch. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. 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 Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's 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.

FI	EDERAL ELIG	IBILITY INCO	OME CHART for S	chool Year: 202	1
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each additional person:	8,288	691	346	319	160

- 2. 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 been told your children will get free meals, please call or e-mail.
- 3. 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: Christie Bennett, P.O. Box 259 Howe Oklahoma 74940, (918) 658-3666, christiebennett@howeschools.org
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Christie Bennett, P.O. Box 259 Howe Oklahoma 74940, (918) 658-3666 christiebennett@howeschools.org immediately.

- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit to begin or to learn more about the online application process. Contact Christie Bennett, P.O. Box 259 Howe Oklahoma 74940, (918) 658-3666, christiebennett@howeschools.org if you have any questions about the online application.
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this schools year, through . You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC MAY be eligible for free or reduced-price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by call or writing to: Christie Bennett, P.O. Box 259 Howe Oklahoma 74940, (918) 658-3666, christiebennett@howeschools.org
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED STATES (U.S.) CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you *NORMALLY* receive. For example, if you normally make \$1000 each month but you missed some work last month and made only \$900, put down that you made \$1000 per month. If you normally get overtime, include it; do not include it if you work overtime only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a  $\theta$  in the field. However, if any income fields are left empty or blank, those will *ALSO* be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you *MEANT* to do so.
- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact (Christie Bennett, P.O. Box 259 Howe Oklahoma 74940, (918) 658-3666, christiebennett@howeschools.org) to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-866-411-1877.

If you have other questions or need help, call (918) 658-3666.

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

plication per household, even if your children attend more than one school in [School District]. The application must be filled out ∌ase use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one npletely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the trict contact here; phone and email preferred]. tructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [School/school

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

## TEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND **CLUDING GRADE 12**

io should I list here? When filling out this section, please include ALL members in your household who are: I us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Children age 18 or under AND are supported with the household's income: In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth

letter in each box. Stop if you run out of n lines on the application, attach a each child. When printing names, write ond piece of paper with all required ce. If there are more children present d's name. Use one line of the application List each child's name. Print each rmation for the additional children. Students attending [school/school system here], regardless of age.

system here]? Mark 'Yes' or grade level of the student in the you marked 'Yes,' write the school/school district here]. If children attend [name of 'No' under the column titled B) Is the child a student at "Student" to tell us which [name of school/school

finishing STEP 1, go to STEP 4.

"Foster Child" box next to the child's name. If children listed are foster children, mark the C) Do you have any foster children? If any you are ONLY applying for foster children, after on your application. If you are applying for both Foster children who live with you may count as members of your household and should be listed this description, mark the "Homeless, any child listed in this section meets migrant, or runaway? If you believe D) Are any children homeless. child's name and complete all steps of Migrant, Runaway" box next to the the application.

## EP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR? 'Grade' column to the right. foster and non-foster children, go to step 3.

nyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free

The Supplemental Nutrition Assistance Program (SNAP)

Temporary Assistance for Needy Families (TANF)

The Food Distribution Program on Indian Reservations (FDPIR)

If no one in your household participates in any of the

Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your caseworker.

Go to STEP 4.

## **TEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

w do I report my income?

household has income to report. Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your

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.

been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay. 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

will be investigated. blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields

Mark how often each type of income is received using the check boxes to the right of each field

## REPORT INCOME EARNED BY CHILDREN

rme." Only count foster children's income if you are applying for them together with the rest of your household. Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child

at is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child

## REPORT INCOME EARNED BY ADULTS

## o should I list here?

Do NOT include: and even if they do not receive income of their own. When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related People who live with you but are not supported by your household's income AND do not contribute income to your household

sehold member in the boxes nbers (First and Last)." Do not list ked "Names of Adult Household ies. Print the name of each ist adult household members' Infants, Children and students already listed in STEP 1. the money received from working at jobs. If you are a self-C) Report earnings from work. Report all income from work in employed business or farm owner, you will report your net the "Earnings from Work" field on the application. This is usually

a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or What if I am self-employed? Report income from that work as revenue.

me, follow the instructions in STEP P 1. If a child listed in STEP 1 has

household members you listed in

ordered payments. Informal but regular payments should be received from child support or alimony, only report courtassistance benefits NOT listed on the chart. If income is application. Do not report the cash value of any public "Public Assistance/Child Support/Alimony" field on the support/alimony. Report all income that applies in the D) Report income from public assistance/child reported as "other" income in the next part.

# 

\* 1447-043-3

Printed Name of Adult Signing the Form		Street Address (if available)	rectury (pounts) that an 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 mation, my children may lose meal benefits and I may be prosecuted under applicable state and federal laws.		Total Household Members (Children and Adults)  STEP 4: Contact information and adult signature						Names of Adult Household Members (First and Last)	NI CALL TO A CAL	The Sources of Income for Adults chart will help you with the All Adult House Members section.	The Sources of Income for Children chart will help you with the Child Income section.	Flip the page, and review the charts titled Sources of Income for more information.	Are you unsure what income to include here?	STEP 3 Report income for $ALL$ household members (Skip this step if you answered YES to STEP 2)		If No. go to STEP 3. If Year	information.	School Meals for more	Read How to Apply for	less, migrant, or runaway	and children who meet	Children in factor care	shares income and expenses, even if not related.	Member—Anyone who	STEP1 ListALL household members who are infants, children, and students, up to and including Grade 12 (if more s
	vbr 4		application is true and that all income is rend I may be prosecuted under applicable sta	and addit signature			69	<b>S</b>	50	49		rom	gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write $\theta$ . If you enter $\theta$ or leave any fields blank, you are certifying (promising) that there is no income to report.	B. All Adult Household Members (Including Yourself) List all household members not listed in STEP 1 (including	by all children in the household listed in STEP 1 here.	A	ALL household members (S	The second state of the second state of the second	to to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not come like following assistance)								Child's First Name	l members who are infants,
	City		ported. I unders	Tall Collip	Last Four I of Primary						Weekly Bi- weekly	Ш	xes) for eacl	Aembers (I bers not list	usehold list	the househo	kip this st	c, men go	rrently pa								I M	children, s
Signature of Adult			tand that this information is two.	ivian Completen Form 10: 1							2x Monthly Month	How Often	source in whole do	ncluding Yourself) ed in STEP 1 (includ	ed in STEP 1 here.	d com or roccius in	ep if you answere	W 31E1 4. (DO	rticipate in one o								Child's Last Name	nd students, up t
	State Zip Code		given in connection v	Insert Your School District Mailing ,	rity Number (SS er Adult Househ	<b>S</b>	59	<b>69</b>	S	<b>S</b>	Child Support/ Alimony	Public Assistance/	llars (no cents) o	ing vourself) ev	come. Flease m	Roma Diagra i	d YES to STE	not comptete	r more of the								Name	o and includin
			with the receipt of fe	ool District A	N) old Member						upport/ Weekly	ssistance/	nly. If they do	en ifthey do n	clude the TOL		P 2)	esiers.)	following ass								Schoo	g Grade 12 (i
	Daytime Phone and E-Mail (Optional)		ederal funds and that		XXXX						Bi- weekly	How Often	not receive incom		AL income rece												School Name	f more spaces
	l (Optional)		school officials may	Address Here	X						2x Monthly Month	ten	me from any so		<b>69</b>	7			ams: SNAP,								Grade	are required
loday's Date			and that school officials may verify (check) the information. I am aware that if I purposely give false infor-			49	59	÷5	8	S9	ment/All Other Income	Pensions/Retire-	urce, write 0. If			hild Income		Case Number:	programs: SNAP, TANF, or FDPIR?								Birth Date	paces are required for additional names, attach another sheet of paper)
			ormation. I am awa		Check if No SSN						Other Weekly	Retire-	you enter $\theta$ or		Weekly Bi-			Write only one case number in this space.	PIR?							Yes No	Student?	l names, atta
			are that if I						_		4		leave ar		How Often  Bi- 2x  weekly Month			case nun				Chec	k all 1	that a	pply			ach and
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			false infor-								Monthly		ome, report ink, you are				Jacc.	ace.								Runaway	Homeless,	t of paper)

## Sources of Income STRUCTIONS

Sources of Child Income  Earnings from work  The decased, and his/her child receives benefits  The household  The house of Child Income  The house of Child	E-:	Sources of C	Sources of Child Income		Source
Social Security  - Social Security - Social Security - Social Security - Social Security - Social Security - Social Security - Disability payments - Survivor's benefits - A parent is disabled, retired, or do NOT include combat pay, deceased, and his/her child receives - Social Security - A child is blind or disabled and receives - A parent is disabled, retired, or do NOT include combat pay, deceased, and his/her child receives - Social Security - A child is blind or disabled and receives - A parent is disabled, retired, or do NOT include combat pay, deceased, and his/her child receives - A friend or extended family - A friend or extended family - A child receives income from a private pension fund, annuity, or trust - A child receives social security benefits - A parent is disabled, retired, or dea bonuses - A child receives social security benefits - A parent is disabled, retired, or dea bonuses - A child receives social security benefits - A parent is disabled, retired, or dea bonuses - A child receives income from a private pousing, or deceased, and his/her child receives income from a private pension fund, annuity, or trust	59°U	Sources of Child Income	Example(s)	Earnings From Work	Public Ass
Part-time job where he/she earns a salary or wages Social Security  - Disability payments - Survivor's benefits - Survivor's benefits - Income from persons OUTSIDE - Income from any other source - Income from any other source - Children's Racial and Ethnic Identifies	1/1/2	<ul> <li>Earnings from work</li> </ul>	<ul> <li>A child has a regular full- or</li> </ul>	<ul> <li>Salary, wages, cash bonuses</li> </ul>	• Unemp
Social Security  - Social Security  - Disability payments  - Disability payments  - Disability payments  - Survivor's benefits  - Income from persons OUTSIDE  - Income from any other source  - Achild receives income from a private pension fund, annuity, or trust  - OPTIONAL Children's Racfal and Ethnic Identifies	ŒC.		part-time job where he/she earns a	• NET income from self-	<ul> <li>Worker*</li> </ul>
- Social Security - Disability payments - Disability payments - Survivor's benefits - Aparent is disabled, retired, or deceased, and his/her child receives - Income from any other source - A friend or extended family - Allowances - A child receives income from a private pension fund, annuity, or trust  OPTIONAL Children?s Racfal and Ethnic Identifies	_L )kl		salary or wages	employment (farm or business)	• Supple
—Disability payments receives social security benefits (do NOT include combat pay, deceased, and his/her child receives social security benefits (do NOT include combat pay, deceased, and his/her child receives social security benefits social security benefits (do NOT include combat pay, deceased, and his/her child receives social security benefits (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances) (do NOT include combat pay, deceased, and his/her child receives allowances)	ah	Social Security	<ul> <li>A child is blind or disabled and</li> </ul>	If you are in the U.S. Military:	Cash as:
-Survivor's benefits -Survivor's benefits -Survivor's benefits -Survivor's benefits -Survivor's benefits - Income from persons OUTSIDE - Income from any other source - Income from any other source - Achild receives income from a private pension fund, annuity, or trust  OPTIONAL Children's Racial and Ethnic Identifies	on	-Disability payments	receives social security benefits	<ul> <li>Basic pay and cash bonuses</li> </ul>	govern
deceased, and his/her child receives social sceurity benefits refriced family the household lucable from any other source refriced family lucable from any other source refriced family refrication family refrication family refriced family refrication family ref	na	-Survivor's benefits	<ul> <li>A parent is disabled, retired, or</li> </ul>	(do NOT include combat pay,	Alimor
• Income from persons OUTSIDE • A friend or extended family the household • A friend or extended family member REGULARLY gives a child spending money • Income from any other source • A child receives income from a private pension fund, annuity, or trust  OPTIONAL Children's Racial and Ethnic Identifies	St		deceased, and his/her child receives	FSSA, or privatized housing	• Child s
the household member REGULARLY gives a child spending money income from any other source from any other source trust  OPTIONAL Children's Racial and Ethnic Identifies	at		social security benefits	allowances)	• Veterar
the household member REGULARLY gives a food, and clothing child spending money  Income from any other source runst child receives income from a private pension fund, annuity, or trust  OPTIONAL Children's Racial and Ethnic Identifies	e C	<ul> <li>Income from persons OUTSIDE</li> </ul>	<ul> <li>A friend or extended family</li> </ul>	Allowances for off-base housing.	· Strike
· In OPT	)e	the household	member REGULARLY gives a	food, and clothing	
	pa		child spending money		
OPT	rtn	<ul> <li>Income from any other source</li> </ul>	<ul> <li>A child receives income from a</li> </ul>		
OPT	ner		private pension fund, annuity, or		
OPT	nt c		trust		
111	of Ed	PTIONAL Children's R	acial and Ethnic Identities		
	lu				

## Pensions/Retirement/All Other Income Regular income from trusts or railroad retirement and black Private pensions or disability REGULAR cash payments Social Security (including from outside household Investment income Earned interest Rental income lung benefits) Annuities benefits estates ssistance/Alimony/Child Support es of Income for Adults mental Security Income (SSI) ssistance from state or local support payments ployment benefits r's compensation y payments 1's benefits cncfits ment

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.

☐ Not Hispanic or Latino

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

## For School Use Only Do not fill out

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

	Date
Eligibility: Free Reduced Denied	. Verifying Official's Signature
Categorical Eligibility	e Date
Houschold Size	Confirming Official's Signature
Iotal Income Annually Hi-Weekly 2 x Month Monthly	retermining Official's Signature Date

Race (Check One or More): Ethnicity (Check One):

ation

Eligibility Section 1020