

## Free and Reduced Price School Meal Application and Family Economic Data Survey 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. 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. 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. 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:**

- *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.
- *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.
- *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". The SSN is not required for CEP schools.**

**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

# RE-1 Valley 2023-2024 Application for Free and Reduced Price School Meals AND Family Economic Data Survey

In schools **participating in the Community Eligibility Program (CEP)**, receipt of school meals does not depend on households returning this form. **In non-CEP schools**, this form will be used to determine eligibility for school meals. Complete one application per household. **Sections required to be completed for students in CEP and/or non-CEP schools are outlined below.** Please use a black or blue pen (no pencil).

**STEP 1 List ALL Students' attending RE-1 Valley School Dist. (if more spaces are required for additional names, attach another sheet of paper)**

Student's First Name	MI	Student's Last Name	Birth Date					Grade	Check all that apply. Read <b>How to Apply for Free and Reduced Price School Meals</b> for more information.	Foster Child	Head Start	Runaway	Homeless	Migrant
			M	M	D	D	Y			Y				

**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.**

<input style="width: 100%; height: 20px;" type="text"/> SNAP Case Number	<input style="width: 100%; height: 20px;" type="text"/> TANF Case Number	<input style="width: 100%; height: 20px;" type="text"/> FDPIR Case Number
---	---	--

**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.

Student Income	How Often?	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$ <input style="width: 40px;" type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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 All Other Household Members**  
(First and Last)

Names of All 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	Annually
<input style="width: 90%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 90%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 90%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 90%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Total Household Members**

(Students' and Adults from Steps 1 and 3)

Last four digits of Social Security Number (SSN) of adult signing this form or mark 'NO SSN'

**ONLY if Step 3B has been completed. This element is not required for CEP only schools.** XXX-XX-

--

**Check if no SSN**

**STEP 4 Contact information and adult signature. Mail signed and completed application to: 301 Hagen St Sterling, CO 80751**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that the information provide may be used in connection with federal and state educational programs. Specifically, I understand the school district may get additional federal and/or state funding based on the information I have provided. By signing below I agree that my child(ren)'s eligibility status may be shared for these specific purposes and as allowed by law without specific notice and/or consent. I understand that if 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	CO	Zip Code	Email Address
Phone	SIGNATURE of Adult Household Member			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. Please check the box to opt out:

To save you time and effort, the information you gave on this form may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Completing this section of the form will not change whether your children get free or reduced price meals. **Your information WILL NOT be shared unless you check one of the boxes below:**

**DO NOT** share information with Medicaid/SCHIP

- Please share my information with the following programs I have checked:
- Advanced Placement (AP) Exam and/or (AP) Book Fees
  - Accelerate College Opportunity Exam and/or Book Fees

See back of application

**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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner. If the applicant declines to self-identify, identification of his or her race and ethnicity will be made using district records or visual identification and recorded in the data system.

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](http://HungerFreeColorado.org)

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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**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:



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs. Visit [coloradopeak.force.com](http://coloradopeak.force.com) to learn more.