The enclosed packet contains important notification information for the upcoming school year. Included in this packet is the following information:

- Summary of MCSD Code of Conduct
- Summary of the Comprehensive Attendance Policy
- Family Education Rights and Privacy Act (FERPA)
- Right to Know - Professional Qualifications and Asbestos Notice
- Teacher and Principal ratings
- Pesticide Notification
- Military Recruiter and College Directory Information – High School Juniors ONLY
- Media Coverage Opt Out Form
- Permission to attend in district trips
- Health and Emergency Information Form
- Acceptable Use Policy and Permission
- School Lunch Program

Questions, contact your child’s school at (845) 236-1636 – Marlboro Elementary, (845) 236-5840 – Marlboro Middle School, (845) 236-5810 – Marlboro High School

For your convenience, this entire packet along with additional information is available on the MCSD website.

PLEASE RETURN THE FOLLOWING FORMS, IF APPLICABLE, FOUND AT THE BACK OF THE PACKET BY THE LAST DAY OF SEPTEMBER TO YOUR CHILD’S SCHOOL.

- ☐ Military Recruiter (High School Juniors only)
- ☐ Health and Emergency Information
- ☐ Acceptable Use Policy and Permission
- ☐ Media Coverage Opt Out
- ☐ In District Trip
- ☐ School Lunch Program Application
Message from the Superintendent of Schools

Welcome to the 2016-17 school year. This year our school calendar will be available to you exclusively on our district website. We will no longer be providing you with a printed calendar. You may log on to our district website www.marlboroschools.org to stay informed regarding our events and your school community’s activities for the year.

In Marlboro, we are in “Pursuit of Excellence” every day. As superintendent of schools, I look forward to working together with the Board of Education, administrators, staff, students and parents in providing a year filled with success, excitement and positive memories for our students. The Marlboro Central School District is committed to working together with our community, providing our students with a secure and nurturing environment and helping our students achieve their dreams and aspirations. Our administrators, teachers and support staff look forward to working with you and your children this coming school year to meet these goals.

I wish you and your children a happy and successful school year.

Sincerely,

Michael Brooks
Superintendent of Schools

BOARD OF EDUCATION

Mr. Bill Bell, President Term Expires 2019
Ms. Susan Horton, Vice President Term Expires 2017
Mr. Russell Conley Term Expires 2019
Mr. James Kuha Term Expires 2017
Mr. Frank Milazzo Term Expires 2018
Ms. JoAnn Reed Term Expires 2018
Mr. Jeff Walker Term Expires 2017

The seven member Board of Education is elected by residents of the Marlboro Central School District. Voters must be 18 years of age or over, citizens of the USA, and residents of the school district for at least 30 days. Members serve without salary and are responsible for policy making and overseeing the public school district’s affairs, personnel, and facilities. Elections are held annually with each board seat serving a three (3) year term. Board meetings are open to the public and are typically held on the first and third Thursday of each month at 7:30 pm. Please check the school website for the most up-to-date information.
CONTACT US....

MARLBORO CENTRAL SCHOOL DISTRICT 236-8000

SCHOOL ADMINISTRATION

Mr. Michael Brooks, Superintendent of Schools x1111

Mr. Michael Bakatsias, Assistant Superintendent of Personnel & Technology x1109
Mr. Lawrence Cavazza, Director of School Facilities x1133
Mr. Fred Callo, Director of Food Services x1181
Ms. Robin Hecht, Director of Curriculum & Instruction x1150
Ms. Rosanne Mele, Director of Student Services x1164
Ms. Jonnah O’Donnell, Director of Athletics & PE x1140
Mr. Patrick Witherow, Director of Business & Finance x1104

Marlboro High School
  Mr. Ryan Lawler, Principal x1113
  Mr. Bruce Cortalano, Assistant Principal x1121
  Ms. Jonnah O’Donnell, Director of Athletics & PE x1140

Marlboro Middle School
  Mrs. Debra Clinton, Principal x1903
  Mr. Demian Stanmyer, Assistant Principal x1936

Marlboro Elementary School
  Mrs. Patricia Walsh, Principal x1483
  Mrs. Shaneequa Cameron Assistant Principal x1401
SUMMARY OF THE CODE OF CONDUCT

On July 24, 2000, Governor Pataki signed into law Charter 181, the Safe School Against Violence Act, now known as "Project SAVE". The legislation provides a wide-range context within which school districts and BOCES must address the critical issues of safety and security. It is the policy of the State of New York, as set forth in the Dignity for All Students Act ("DASA") as well as federal civil rights statutes, including Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and all subsequent amendments, to afford all student in public schools an environment free from discrimination and harassment. In complying with these laws, the Marlboro Central School District convened a Code of Conduct Committee, developed in collaboration with students, teachers, administrators, Board of Education members and parent volunteers, and presented the completed document to the Board of Education for adoption. A full copy of the Code of Conduct is available at each building and on the District website. Listed below is a summary of the Code's contents.

The Marlboro Central School District Code of Conduct includes the following:

I. Provisions regarding appropriate and acceptable conduct, dress and language on school property and at school functions. Provisions regarding acceptable civil and respectful treatment of teachers, school administrators, other school personnel, student and visitors on school property and at school functions. The appropriate range of disciplinary measures for Code violations, and the roles of teachers, administrators, other school personnel, the Board of Education, and parents/persons in parental relation to the student.

II. Standards and procedures to assure security and safety of students and school personnel.

III. Definition of any conduct that is inconsistent with the District's educational mission or which detracts from a healthy school climate, including discriminatory or harassing behaviors as defined by the Dignity for All Students Act (DASA).

IV. Provisions for identifying, addressing, disciplinary consequences/remediation and reporting incidents of harassment and discrimination of students.

V. Provisions for the removal from the classroom and from school property, including a school function, of the students and other persons who violate the code.

VI. Disciplinary measures to be taken for incidents involving the possession or use of illegal substances or weapons, the use of physical force, vandalism, violations of another student's civil rights and threats of violence.

VII. Provisions for detention, suspension and removal from the classroom of students who are disruptive or violent.

VIII. Procedures by which violations are reported and determined, and the disciplinary measures imposed and carried out.

IX. Provisions ensuring the code and its enforcement are in compliance with federal and state laws relating to students with disabilities.

X. Provisions setting forth the procedures by which local law enforcement agencies shall be notified of Code violations which constitute a crime, parents/persons in parental relation to the student shall be notified of Code violations, circumstances under which a complaint in criminal court, a juvenile delinquency petition or person in need of supervision (PINS) will be filed, and referral to appropriate human service agencies shall be made.

XI. A minimum suspension period for students who repeatedly are substantially disruptive of the educational process or substantially interfere with the teacher's authority in the classroom (as defined in Commissioner's Regulations).

XII. A minimum suspension period for acts that would qualify the student to be defined as a violent student pursuant to Education Law.

The District Code of Conduct was adopted by the Board of Education and is on file with the New York State Commissioner of Education as required by Education Law Section 2801 and 3214 and the New York Code of Rules and Regulations (NYCRR) Section 100.2(1)(2).

The full text of the MCSD Code of Conduct is available on our website.
SUMMARY OF THE COMPREHENSIVE ATTENDANCE POLICY

Commissioner’s Regulation 104.1 requires school districts to prepare and adopt a comprehensive attendance policy. Below is a summary of the policy adopted by the Board of Education of the Marlboro Central School District. The policy was developed in accordance with the requirements set forth in the regulation. A full copy of the attendance policy is included in the MCS District Code of Conduct which is available in all buildings and on the District website under school district Policy #7110. Listed below is a summary of the policy contents:

The Marlboro Central School District Comprehensive Attendance Policy includes:

- All students must attend school daily and on time
- All absences, lateness, or early departures (excused or unexcused) are counted on a student’s attendance record.
- If a student exceeds 28 illegal absences for a full year class, or 14 illegal absences for a half year course, he/she will not receive credit for that course.
- If your child is going to leave early during a school day, written documentation must be provided.
- When your child returns to school, you must provide a written explanation of his/her absence or lateness.
- Students will not be allowed to make-up assignments for unexcused absence(s).
- Excused/Legal Absences are absences due to:
  - Personal illness;
  - Illness or death in the family;
  - Disability;
  - Impassable roads or weather;
  - Religious observance;
  - Quarantine:
  - Required court appearance;
  - Attendance at health clinics;
  - Approved college visits;
  - Approved cooperative work programs
  - Military obligations; or
  - Such other reasons as may be approved by the Commissioner of Education.
- You will be notified in writing and/or by telephone when your child is absent, late, or leaves early from school without an excuse.
- If you have any questions about this policy, you may contact the school’s office at: Marlboro Elementary 236-1636, Marlboro Middle School 236-5840, Marlboro High School 236-5810.

The Commissioner’s Regulation also includes a requirement for the District to implement a period-by-period attendance keeping system at the secondary level. Marlboro Middle School and High School are in full compliance with this regulation and are currently utilizing a period-by-period attendance system. The objective of this policy is to encourage students to attend school on time and or the maximum number of days and instructional periods possible.

Please join us in helping to ensure that your child is in attendance for the maximum instructional time possible during this school year.
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Consistent with the Family Rights and Privacy Act (FERPA) you have the right to:

1. Inspect and review your child’s educational records by scheduling an appointment with your child’s guidance counselor or school principal;
2. Ask your child’s School Principal or, if the record is maintained in the Student Services Office, the Director of Student Services, to amend your child’s records if you believe they are inaccurate, misleading or otherwise in violation of your child’s right to privacy.
3. File with the United States Department of Education a complaint concerning the District’s alleged failure to comply with FERPA.
4. Except as otherwise provided by law, the educational records of your child cannot be released without your signed consent.
5. Required Notice of Exceptions:
   a. The District may release your child’s records to a teacher and/or other employee(s) or consultant(s) to the district who are directly involved in the evaluation and/or implementation of your child’s educational program;
   b. In accordance with FERPA, the District forwards educational records to other agencies or institutions requesting them where the student seeks or intends to enroll;
   c. Directory information – unless you notify your child’s principal in writing that you do not want the District to release directory information, the District will disclose information from your child’s educational record, on request, upon its determination that such information, if disclosed, would not be considered harmful or an invasion of privacy.

DIRECTORY INFORMATION includes the following: a student’s name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, grade level and enrollment status, dates of attendance, participation in official recognized activities and sports, weight and height of members of athletic teams, honors and awards received, and the most recent educational agency or institution attended.

If you do not want Marlboro Central School District to disclose directory information from your child’s education records, send a letter to your child’s principal by the end of September.
RIGHT TO KNOW

Professional Qualifications
As parents of a student in the Marlboro Central School District, you have the right to know the professional qualifications of the classroom teachers who instruct your child. Federal law allows you to ask for certain information about your child’s classroom teacher(s) and requires us to give you this information in a timely manner if you ask for it. Specifically, you have the right to ask for the following information about each of your child’s classroom teachers.

➢ Whether the New York State Education Department has licensed or qualified the teacher for the grades and subjects he or she teaches;
➢ Whether the New York State Education Department has decided that the teacher can teach in a classroom without being licensed or qualified under state regulations because of special circumstances;
➢ The baccalaureate degree major and other graduate certifications or degrees held by the teacher and the field or discipline of the certification or degree; and
➢ Whether any teachers’ aides or similar paraprofessionals provide services to your child and, if they do, their qualifications.

Parents will be notified in a timely manner if their child has been assigned or has been taught for four or more consecutive weeks by a teacher who is not certified or is teaching with a temporary license. If you would like to receive any of this information, please contact your child’s school.

Teacher and Principal Rating Disclosure

As per New York State Education Department, parents and legal guardians have the right to request the final quality rating and composite score of the teacher(s) and principal of the school building to which the student assigned for the current school year. If you would like to request this information, please send a letter requesting such to: Robin Hecht, Director, Curriculum & Instruction, 21 Milton Turnpike, Suite 100, Milton, NY 12547.

Asbestos Notice

Annual AHERA notifications to employees and parents

The federal Asbestos Hazard Emergency Response Act (AHERA) requires all public and nonpublic elementary and secondary schools to ensure that all school employees and building occupants, or their legal guardians, are informed at least once each school year about all asbestos inspections, response actions, and post-response action activities, including triennial re-inspection and visual surveillance activities that are either planned or in progress.

The Marlboro Central School District’s “Management Plans”, as submitted to the State and subsequent re-inspections and surveillance activities, are available for inspections during normal business hours to representatives of the Federal Environmental Protection Agency and the State, or the public, and are maintained in the Building and Grounds Office.

If you have any questions, please feel free to contact us at 236-1397.
PESTICIDE NOTIFICATION

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty, and staff regarding the potential use of pesticides periodically throughout the school year.

Marlboro Central School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48 hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements:

- A school remains unoccupied for a continuous 72 hours following an application
- Anti-microbial products
- Nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children
- Nonvolatile insecticidal baits in temper resistant bait stations in areas inaccessible to children
- Boric acid and disodium octaborate tetrahydrate
- The application of EPA designated biocides
- The application of EPA designated exempt materials under 40CFR152.25
- The use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps and hornets

In the event of an emergency application necessary to protect against imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school, please complete the form below and return to Lawrence Cavazza, Director of School Facilities, 50 Cross Road, Marlboro, NY 12542.

__________________________________________________________  __________________________
School Building Date Time Phone:

__________________________________________________________  __________________________
Parent/Guardian Name: Evening Phone:

__________________________________________________________
Address:

__________________________________________________________
Email: Student's Name:
Marlboro Central School District  
21 Milton Turnpike  
Milton, NY 12547

HIGH SCHOOL JUNIORS ONLY

Dear Parent/Guardian of Juniors:

Pursuant to the No Child Left Behind Act of 2001, the Marlboro Central School District must disclose to military recruiters and institutions of higher learning, upon request, very limited directory information about our students. This information is restricted to the student’s name, address and telephone number.

However, the law still affords parents the right to choose not to provide this information. As such we are asking that you let us know if you choose not to have this information released by completing and detaching the form at the bottom of this page. This form should be returned to the Guidance Office at Marlboro Central High School as soon as possible.

The above mentioned demographic information will be released as requested unless we receive a form from you indicating your desire not to release this information by the end of September.

If you have any question regarding this information, please call the MCHS Guidance Office at 236-5809.

___________________________________________________________

HIGH SCHOOL JUNIORS ONLY

I, the parent/guardian of __________________________________, a student at Marlboro High School, do not consent to the release of the name, address, and telephone number of such student to military recruiters.

Date: ____________________  

(Parent/Guardian Signature)

___________________________________________________________

(Parent/Guardian Signature)

___________________________________________________________

(Print Name of Parent/Guardian)
DENIAL OF MEDIA COVERAGE / OPT-OUT FORM FOR STUDENTS

The Marlboro Central School District interviews, takes photography, videos and podcasts of students involved in school activities throughout the year for submission to newspapers, television, radio, other media and affiliate organizations, for use in school, district publications and websites; it may also be aired on local cable television channels.

Information released about students may include student’s name, school, grade, awards, and participation in officially recognized school and district activities and sports.

By not returning this form, parents/guardians give their consent to have their child interviewed, photographed or videoed at activities sanctioned by the school district.

If you do not want your child included in pictures, videos or interviews used in any of the district’s or school’s publications, websites, cable television channels, or other media outlets, please return this form to the school. Complete this form only if permission is being denied.

PLEASE SEE THE RELEASE FORM ON THE LAST PAGE IF YOU WANT TO DENY PERMISSION

IN DISTRICT TRAVEL

Throughout the school year students may need to travel between District buildings to attend academic events. In order to travel between schools and use the bus for transportation it is important that students return a signed permission slip allowing them to do so. This permission slip will cover all the trips within the District so that it will not be necessary for you to continually sign a new form each time. We ask that each student return the form on the last page to the main office. If we do not receive the form the student will not be permitted to attend In-District trips.

If you have any questions regarding In-District trips please feel free to contact the main office.

If at any time you wish to revoke this permission, please send in a note stating that you wish to rescind this permission.

PLEASE RETURN THE FORM ON THE LAST PAGE OF THIS PACKET
MARLBORO CENTRAL SCHOOL DISTRICT
21 Milton Turnpike, Suite 100, Milton, NY 12547

Michael Brooks
Superintendent of Schools
(845) 236-5802
e-mail: Michael.brooks@marlboroschools.org

Rosanne Mele
Director of Student Services
(845) 236-8109
e-mail: Rosanne.mele@marlboroschools.org

Dear Parent/Guardian;

New York State Education Law mandates that all students have updated EMERGENCY INFORMATION on file in the school health office. Please complete the lower half of this page and sign in the appropriate area. It is in the best interest of your child to provide the school with accurate and updated information so that help/assistance may be given in emergency situations. It is the responsibility of the parent/guardian to inform the school when telephone numbers (home/job/cell) are changed throughout the year.

HEALTH AND EMERGENCY INFORMATION

Student Name ___________________________ Grade ______

Street Address __________________________

Mailing Address __________________________

Parent/Guardian Names __________________________

Does Child Live With Parents Listed Above?  □ Yes  □ No – Explain __________________________

Home Phone # ___________________________ E-mail Address ___________________________

Mother’s Cell Phone # ___________________________ Father’s Cell Phone # ___________________________

Mother’s Work Phone # ___________________________ Father’s Work Phone # ___________________________

Student’s Cell Phone # ___________________________

Are there any Custodial Issues?  □ Yes  □ No

Legal documentation is required to honor.

Emergency Name & Numbers (to call & pick up in the event of illness/accident when parent cannot be reached)

1. Name: ___________________________ Phone #: ___________________________

2. Name: ___________________________ Phone #: ___________________________

Family Physician ___________________________ Phone #: ___________________________

Does the student have any ongoing medical/allergic conditions? ___________________________

Does the student take medication on a regular basis? _________ If so what? ___________________________

For the health and safety of your child this information will be shared with the appropriate school personnel.

Signature of Parent/Guardian ___________________________ Date ___________________________
Marlboro Central School District  
Acceptable Use Policy  
Consent and Waiver Form

CONDITIONS OF USE FOR ELECTRONIC INFORMATION RESOURCES:

STUDENT

I understand and will abide by the Marlboro Central School District Acceptable Use Policy. I further understand that any violation of the policy is unethical and may constitute a school offense. Should I commit a violation, my access privileges may be suspended, revoked, and/or other disciplinary action may be taken.

Use Name (please print) ________________________________________________

User signature ________________________________________________________

Grade ___________________ Date ________________________________

PARENT/GUARDIAN

As the parent or guardian of this student, I have read the Marlboro Central School District Acceptable Use Policy. I understand that this access is designed for educational purposes. It is impossible for the Marlboro Central School District to completely restrict access to inappropriate materials, and I will not hold the Marlboro Central School District responsible for materials accessed on the network. I hereby give permission for my child to use the electronic information resources, including the Internet, and certify that the information contained on this form is correct.

Student Name: ________________________________________ (please print)

Parent or Guardian: ______________________________________

Parent or Guardian Signature: _________________________________ Date: ________________

PLEASE RETURN THIS FORM TO YOUR TEACHER OR MAIN OFFICE. FAILURE TO RETURN THIS FORM WILL DISALLOW INDEPENDENT INTERNET USE.
MEDIA COVERAGE RELEASE FORM FOR STUDENTS

Please return this form ONLY if you want to DENY permission for your child to be interviewed, photographed or videoed at activities sanctioned by the school district.

_____________________________  ______________________  ______________________
Child’s first and last name       Grade       Teacher/Homeroom

I hereby DENY permission for my child to be interviewed, photographed or videoed. I do not want my child included in any of the district’s publications, websites or cable television channels, or other media coverage of school district events.

______________________________  ______________________
Signature of Parent/Guardian       Date

IN-DISTRICT TRIPS

My child has permission to attend in-district trips: ________ YES       ________ NO

Child’s Name: _______________________________________

Parent/Guardian Signature: _______________________________________

Grade: ____________________       Date: ____________________________
MARLBORO CENTRAL SCHOOL DISTRICT
21 Milton Turnpike
Suite 100
Milton, NY 12547

Patrick Witherow
Director of Business & Finance

Phone 845 236-5803
Fax 845 795-5903

August 9, 2016

Dear Parent/Guardian:

Children need healthy meals to learn. Marlboro Central School District offers healthy meals every school day. Breakfast costs $1.55 for the Elementary and $1.85 for Secondary Schools. Lunch costs $2.65 for the Elementary Schools and $2.85 for the Middle and High Schools. Your children may qualify for free meals or for reduced meals. Reduced price is $0.25 for breakfast and $0.25 for lunch.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. 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: Fred Callo, Marlboro Central High School, 50 Cross Road, Marlboro, NY, 12542. Phone number 845 236-5815.

2. **Who can get free meals?** All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations or TANF, can get free meals regardless of your income. Also, your children can get free meals if your household’s gross income is within the free limits on the Federal Income Eligibility Guidelines.

3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

4. **Can homeless, runaway, and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven’t been told your children will get free meals, please call or e-mail Fred Callo, (845) 236-5815, fred.callo@marlboroschools.org, to see if they qualify.

5. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.

6. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the school at 845 236-5815 if you have questions.

7. **My child’s application was approved last year. Do I need to fill out another one?** Yes. Your child’s application is only good for that school year and for the
first 30 days of this school year. You must send in a new application unless the
school told you that your child is eligible for the new school year.
8. I get WIC. Can my child(ren) get free meals? Children in households
participating in WIC may be eligible for free or reduced price meals. Please fill
out a FREE/REDUCED PRICE MEAL application.
9. Will the information I give be checked? Yes and we may also ask you to send
written proof.
10. If I don’t 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.
11. 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 calling or
writing to: Superintendent of Schools, 21 Milton Turnpike, Suite 100,
Milton, NY 12547 (845) 236-5802,
Michael.Brooks@marlboroschools.org.
12. May I apply if someone in my household is not a U.S. citizen? Yes. You or
your child(ren) do not have to be U.S. citizens to qualify for free or reduced price
meals.
13. Who should I include as members of my household? You must include all
people living in your household, related or not (such as grandparents, other
relatives, or friends) who share income and expenses. You must include yourself
and all children living with you. If you live with other people who are
economically independent (for example, people who you do not support, who do
not share income with you or your children, and who pay a pro-rated share of
expenses), do not include them.
14. 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 only made $900, put down that you made
$1000 per month. If you normally get overtime, include it, but do not include it if
you only work overtime sometimes. If you have lost a job or had your hours or
wages reduced, use your current income.
15. We are in the military; do we include our housing allowance as income? If
you get an off-base housing allowance, it must be included as income. However,
if your housing is part of the Military Housing Privatization Initiative, do not
include your housing allowance as income.
16. My spouse is deployed to a combat zone, is her combat pay counted as
income? No, if the combat pay is received in addition to her basic pay because of
her deployment and it wasn’t received before she was deployed, combat pay is not
counted as income. Contact your school for more information.
17. 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 1-800-342-3009
2016-2017 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK

REDUCED PRICE ELIGIBILITY INCOME CHART

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</tbody>
</table>

How to Apply: To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals received from the NYS Education Department, OR carefully complete one application for your household and return it to the designated office. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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, age, disability, sex, 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.
Meal Service to Children With Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,

[Signature]

[Name]
**2016-2017 Requisitos de ingresos Comidas gratis o a precio reducido o leche gratis**

**Precio reducido de elegibilidad tabla de ingresos**

<table>
<thead>
<tr>
<th>Tamaño total de la familia</th>
<th>Anual</th>
<th>Mensualmente</th>
<th>Dos veces al mes</th>
<th>Cada dos semanas</th>
<th>Semanalmente</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 21,978</td>
<td>$ 1,832</td>
<td>$ 916</td>
<td>$ 846</td>
<td>$ 423</td>
</tr>
<tr>
<td>2</td>
<td>$ 29,637</td>
<td>$ 2,470</td>
<td>$ 1,235</td>
<td>$ 1,140</td>
<td>$ 570</td>
</tr>
<tr>
<td>3</td>
<td>$ 37,296</td>
<td>$ 3,106</td>
<td>$ 1,554</td>
<td>$ 1,435</td>
<td>$ 718</td>
</tr>
<tr>
<td>4</td>
<td>$ 44,955</td>
<td>$ 3,747</td>
<td>$ 1,874</td>
<td>$ 1,730</td>
<td>$ 865</td>
</tr>
<tr>
<td>5</td>
<td>$ 52,614</td>
<td>$ 4,385</td>
<td>$ 2,193</td>
<td>$ 2,024</td>
<td>$ 1,012</td>
</tr>
<tr>
<td>6</td>
<td>$ 60,273</td>
<td>$ 5,023</td>
<td>$ 2,512</td>
<td>$ 2,319</td>
<td>$ 1,180</td>
</tr>
<tr>
<td>7</td>
<td>$ 67,931</td>
<td>$ 5,663</td>
<td>$ 2,832</td>
<td>$ 2,614</td>
<td>$ 1,307</td>
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<tr>
<td>8</td>
<td>$ 75,647</td>
<td>$ 6,304</td>
<td>$ 3,152</td>
<td>$ 2,910</td>
<td>$ 1,455</td>
</tr>
</tbody>
</table>

* Cada persona adicional

| Agregar | $ 7,896 | $ 642 | $ 321 | $ 296 | $ 148 |

Como solicitar: Para recibir comidas gratis o a precios reducidos para sus hijos, usted puede presentar una carta de Certificación Directa del Estado de Nueva York Oficina de Asistencia Temporal y Discapacidad, o cuidadosamente rellene una solicitud para su hogar y la entregue a la oficina designada. Si usted actualmente recibe subvenciones para Alimentos, Asistencia Temporal para Familias Necesitadas (TANF) para los hijos, o participa en el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR), la solicitud tiene que incluir los nombres de los niños, los cupones de alimentos del hogar, número de caso para TANF o FDPIR y la firma de un miembro adulto del hogar. Todos los niños deben estar apuntados en la misma solicitud. Si no apunta un número de cupón de alimento, TANF o FDPIR para todos los niños para que usted está solicitando, la solicitud debe incluir los nombres de todos en el hogar, la cantidad de ingresos cada miembro del hogar, y la frecuencia con que se recibe y de donde vienen. Debe incluir la firma de un miembro adulto del hogar y el número de Seguridad Social de ese adulto, o la palabra "ninguna" si el adulto no tenga un número de Seguridad Social. Una solicitud incompleta no puede ser aprobada. Comuníquese con su oficina local del Departamento de Servicios Sociales para cupones de alimentos o el número de TANF o completar la porción de los ingresos de la solicitud.

Campos de información: Los beneficios que usted está aprobado en el momento de la solicitud son efectivos para todo el año escolar. No es necesario informar de estos cambios en un aumento de los ingresos o una disminución en el tamaño del hogar, o si ya no recibe cupones de alimentos.

Exclusiones de ingresos: El valor de cuidado de niños, proporcionado u arreglado, o cualquier cantidad recibida como pago por cuidado de niños o reembolso de los gastos incurridos por ese cuidado bajo de Cuidado de Niños y Subvención de Desarrollo Bloque, TANF y Programas de Cuidado de Niños de Riesgos no deben ser considerados como ingresos para este programa.

**Declaración de no-discriminación:**

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesitan medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americana, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Reanudación] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en [http://wwwocio.usda.gov/sites/default/files/docs/2012/08/sanish_Form_508_Compliant_6_8_12.0.pdf](http://wwwocio.usda.gov/sites/default/files/docs/2012/08/sanish_Form_508_Compliant_6_8_12.0.pdf) y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo: 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; o

(3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.
Servicio de Comidas para Niños con Discapacidades: Las regulaciones federales requieren que las escuelas e instituciones sirven comidas sin cargar extra a los niños con una discapacidad que pueda restringir su dieta. Un estudiante con una discapacidad se define en 7 CFR Parte 15b.3 de regulaciones federales, como uno que tiene un impedimento físico o mental que limita sustancialmente una o más actividades importantes de la vida. Las principales actividades de la vida se definen para incluir funciones como el cuidado de las tareas manuales, caminar, ver, oír, hablar, respirar, aprender, y trabajar. Usted debe solicitar las comidas especiales de la escuela y proveer la escuela con la certificación médica de un doctor en medicina. Si usted cree que su niño necesita substitutiones debido a su discapacidad, por favor ponerse en contacto con nosotros para obtener más información, ya que existe información específica que la certificación médica debe contener.

Confidencialidad: Los Estados Unidos Departamento de Agricultura (USDA) ha aprobado la entrega de nombres de estudiantes y el estado de elegibilidad sin consentimiento del padre o tutor, a personas directamente relacionadas con la administración o la ejecución de los programas federales de educación tales como el Título I ya la Evaluación Nacional del Progreso Educativo (NAEP), que son los Estados Unidos programas del Departamento de Educación utiliza para determinar las áreas como la asignación de fondos a las escuelas, para evaluar la situación socioeconómica de la zona de asistencia de la escuela, y para evaluar el progreso educativo. La información también puede ser puesta en libertad a la salud del Estado o los programas locales de alimentación similar al Programa Nacional de Almuerzos Escolares. Además, toda la información contenida en la solicitud gratis o a precios reducidos puede ser entregada a personas directamente relacionadas con la administración o la ejecución de los programas autorizados por la Ley Nacional de Almuerzo Escolar o Ley de Nutrición Infantil, incluyendo el Programa de Almuerzo Escolar Nacional y Programa de Desayuno Escolar, el Programa Especial de Leche, los Niños y Adultos Programa de Alimentos, Programa de Servicio de Alimentos de Verano y el Programa Especial de Nutrición Suplementaria para Mujeres, Infantes, y Niños (WIC), la Contraloría General de los Estados Unidos para fines de auditoría, y funcionarios del orden federal, del Estado, o local investigar la presunta violación de los programas de NSLA o CNA.

La re-aplicación: Usted puede aplicar para beneficios en cualquier momento durante el año escolar. Además, si usted no es elegible ahora, pero durante el año escolar se queda sin empleo, tienen una disminución en los ingresos del hogar, o un aumento de tamaño de la familia puede solicitar y completar una aplicación durante ese tiempo.

La divulgación de la información de elegibilidad que no esté específicamente autorizada por el NSLA requiere una declaración de consentimiento escrito por el padre o tutor. Le dejaremos saber cuándo su solicitud sea aprobada o negada.

Sinceramente,

[signature]
2016-2017 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form for your household, sign your name and return it to (name/school). Call (phone number) if you need help. Additional names may be listed on a separate paper.

List all children in your household who attend school:

<table>
<thead>
<tr>
<th>Student Name</th>
<th>School</th>
<th>Grade/Teacher</th>
<th>Foster Child</th>
<th>Homeless Migrant, Runaway</th>
</tr>
</thead>
<tbody>
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SNAP/TANF/FPDIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: ___________________________ CASE # ______

Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all 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 income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

<table>
<thead>
<tr>
<th>Name of household member</th>
<th>Earnings from work before deductions Amount / How Often</th>
<th>Child Support, Alimony Amount / How Often</th>
<th>Pensions, Retirement Payments Amount / How Often</th>
<th>Other Income, Social Security Amount / How Often</th>
<th>No Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ____ / _______</td>
<td>$ ____ / _______</td>
<td>$ ____ / _______</td>
<td>$ ____ / _______</td>
<td>□</td>
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<td></td>
<td>$ ____ / _______</td>
<td>$ ____ / _______</td>
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<td>$ ____ / _______</td>
<td>$ ____ / _______</td>
<td>$ ____ / _______</td>
<td>$ ____ / _______</td>
<td>□</td>
</tr>
</tbody>
</table>

Total Household Members (Children and Adults) __________

Last Four Digits of Social Security Number: XXXX-XX-___________

Signature: ____________________________ Date: ____________

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: ____________________________ Date: ____________

Email Address: ____________________________ Work Phone: ____________________________ Home Address: ____________________________

Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

Race: □ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Island □ White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

□ SNAP/TANF/Foster
□ Income Household: Total Household Income/How Often: __________ / __________
□ Free Meals □ Reduced Price Meals □ Denied/Paid □ Date Notice Sent: __________

Signature of Reviewing Official
To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to __________. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: ___________. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1  ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION.  DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.
(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2  HOUSEHOLDS GETTING SNAPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.
(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4.  SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3  ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.
(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions or any other income. If the current amount was more or less than usual, write that person's usual income. Specify how often this income amount is received: weekly, every other week (bi-weekly), 2x per month, monthly. If no income, check the box. The value of any cash or non-cash paid, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
(3) The application must include the last four digits only of the social security number of the adult who signs PART 4 if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT
Privacy Act Statement: This explains how we will use the information you give us.
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, 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 adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a 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, audits for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS
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, disability, age, 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 (e.g., Braille, large print, audiocassette, 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.
2016-2017 Solicitud de Familia para las Comidas Escolares y Leche Gratis o Precios Reducidos

Para solicitar por comidas gratuitas o precios reducidos para sus niños, lea las instrucciones en el reverso, complete este formulario para su hogar, firme su nombre y vuelva a. Llame si usted necesita ayuda. Nombres adicionales se pueden listar en un documento separado.

1. Lista todos los niños en su hogar que asisten una escuela:

<table>
<thead>
<tr>
<th>Nombre del estudiante</th>
<th>Escuela</th>
<th>Grado/Profesor(a)</th>
<th>Hij/o de crianza</th>
<th>Sin Ingreso, Emigrante, Fugitivo</th>
</tr>
</thead>
<tbody>
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</table>

2. SNAP/TANF/FDPIR beneficios:
Si alguien en su hogar recibe cupones de alimentos, o beneficios de TANF o FDPIR, liste su nombre y CASO # aquí. Vaya a la parte 4, y firme la solicitud.

Nombre: ______________________  CASO #: ______________________

3. Informe todos los ingresos para TODOS los miembros del hogar (Omita este paso si usted respondió ‘si’ al paso 2)
Todos los miembros del hogar (incluyendo a ti mismo y todos los niños que tienen ingresos).
Lista todos los miembros de la Familia no aparece en el paso 1 (incluido usted mismo) incluso si no reciben ingresos. Por cada miembro de su familia, si no reciben ingresos, informe los ingresos totales de cada fuente en su conjunto sólo dólares. Si no reciben cualquier otra fuente de ingresos, escriba ‘0’. Si introduce ‘0’ o dejar los campos en blanco, está certificando (prometiendo) que no hay informe de ingresos.

<table>
<thead>
<tr>
<th>Nombre del miembro del hogar</th>
<th>Ganancias del trabajo antes de las deducciones Cantidad/Frecuencia</th>
<th>La manutención de menores, pensión alimenticia Cantidad/Frecuencia</th>
<th>Pensiones, los pagos de jubilación Cantidad/Frecuencia</th>
<th>Otros ingresos, Seguridad Social Cantidad/Frecuencia</th>
<th>Sin Ingreso, Emigrante, Fugitivo</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000.00</td>
<td>$500.00/semmanas</td>
<td>$800.00/semmanas</td>
<td>$0.00/semmanas</td>
<td>$0.00/semmanas</td>
<td>$0.00/semmanas</td>
</tr>
<tr>
<td>$2,000.00</td>
<td>$1,000.00/semmanas</td>
<td>$1,200.00/semmanas</td>
<td>$0.00/semmanas</td>
<td>$0.00/semmanas</td>
<td>$0.00/semmanas</td>
</tr>
<tr>
<td>$2,500.00</td>
<td>$1,250.00/semmanas</td>
<td>$1,500.00/semmanas</td>
<td>$0.00/semmanas</td>
<td>$0.00/semmanas</td>
<td>$0.00/semmanas</td>
</tr>
<tr>
<td>$3,000.00</td>
<td>$1,500.00/semmanas</td>
<td>$1,800.00/semmanas</td>
<td>$0.00/semmanas</td>
<td>$0.00/semmanas</td>
<td>$0.00/semmanas</td>
</tr>
</tbody>
</table>

Totales miembros de la familia (niños y adultos) ___________________________ Últimos cuatro dígitos del Numero de Seguridad Social: XXX-XX- ______

4. Firma: Un miembro adulto del hogar debe firmar esta solicitud y presentar los últimos cuatro dígitos de su Numero de Seguro Social (SSN), o marcar el bloque "No tengo un Numero de Seguro Social" antes de que pueda ser aprobado.

Yo certifico (prometo) que toda la información en esta solicitud es verdadera y he reportado todos los ingresos. Yo entiendo que la información se está dando para que la escuela recibirá fondos federales. Los funcionarios escolares pueden verificar la información y si deliberadamente provee información falsa, puede ser procesado bajo las leyes estatales y federales, y sus hijos podrían perder beneficios de comidas.

Firma: ____________________________  Fecha: __________________________

Dirección de correo electrónico:_________________________  Teléfono del trabajo: __________________________

Teléfono de la casa: ___________________________  Dirección de la casa: ___________________________

5. Estamos obligados a solicitar información sobre la raza de sus niños y su origen étnico. Esta información es importante y ayudará garantizar que servimos completamente a nuestra comunidad. Responder a esta sección es opcional y sus niños seguirán teniendo derecho a solicitar comidas escolares gratis o a precio reducido.

Grupo étnico: □ Hispano o latino  □No hispano o latino
Raza: □India americano o nativo de Alaska  □Asiático  □Negro o afroamericano  □Nativo de Hawaií o otra isla del Pacífico  □Bíanco

NO ESCRIBA DEBAJO ESTA LÍNEA- PARA USO DE LA ESCUELA

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
- Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

□ SNAP/TANF/Foster
□ Income Household: Total Household Income/How Often: ___________________________  Household Size: ___________________________
□ Free Meals
□ Reduced Price Meals  □ Denied/Paid
Signature of Reviewing Official: ___________________________  Date Notice Sent: ___________________________
INSTRUCCIONES DE SOLICITUD

Para solicitar comidas gratuitas o precio reducido, presente una carta de Habilitación recibida de la Oficina de Temporal y Asistencia de Discapacidad o llene sólo una solicitud de su hogar siguiendo las instrucciones. Firmé la solicitud y envíela a...

PARTE 1

(1) Ingrese los nombres de los niños para usted está aplicando en una esta aplicación.
(2) Liste su grado y escuela.
(3) Marque el bloque para indicar un hijo de crianza que vive en su hogar, o si usted cree que no cumple con la descripción para personas sin hogar, migrante, infantil (personal de la escuela confirmó esta elegibilidad).

PARTE 2

HOGARES CON CUPONES DE ALIMENTOS, TANF O FDPIR DEBE COMPLETAR PARTE Y FIRMA PARTE 4

(1) Liste un presente SNAP, TANF, o FDPIR (Programa de Distribución de Alimentos en Reservaciones Indígenas) caso número de alguien viviendo en su hogar. El número del caso está proporcionado en su tarjeta de beneficios.
(2) Un miembro del hogar necesita firmar la solicitud en PARTE 4. Orilla PARTE 3. No listue nombres de miembros del hogar o ingresos si listó un caso número de SNAP, TANF o FDPIR número.

PARTE 3

TODOS OTROS HOGARES NECESITAN LLENAR ESAS PARTES Y TODOS DE PARTE 4.

(3) Escriba los números de todos en su hogar, sean o no reciben ingresos. Indique su nombre y los niños que usted está solicitando, todos los otros niños, su matrona(a), abuelos, u otras personas en su hogar (es un no). Utilice otra hoja de papel si necesita más espacio.

(4) Escriba la cantidad de ingresos Contiene de cada miembro del hogar recibes, antes impuestos o otras deducciones, e indique de donde vienen, tales como sueldo, asistencia social, pensiones o otros ingresos. Si el ingreso contiene es más o menos del normal, indique el ingreso normal de esa persona. Especifique la frecuencia con la cantidad de ingreso que se reciben: semanal, cada dos semanas, dos veces cada mes, o mensual. El valor de cuido de niños, proporcionado u arreglado, a cualquier cantidad recibida como pago por cuido de niños o reembolso de los gastos inciertos por ese cuidado bajo de Cuido de niños y Subvención de Desarrollo Bloque, TANF y Programas de Cuido de Niños de Riesgo no deben ser considerados como ingresos para este programa.

(5) La solicitud debe incluir sólo los últimos cuatro dígitos del número de Seguridad Social del adulto que firma PARTE 4 y el Par 3 está llenando. Si el adulto no tenga un número de Seguridad Social, marque el castigo. Si usted listó un número de SNAP, TANF o FDPIR, un número de Seguridad Social no es necesario.

OTROS BENEFICIOS: Su hijo(a) puede ser elegible para beneficios como Medicaid o Programa de Seguro Medico para Ninos (PSMN). Para determinar si su hijo(a) es elegible, funcionarios del programa necesitan información desde la solicitud de comidas gratis o precio reducido. Su consentimiento escrito se requiere antes de que cualquier información pueda ser puesta en libertad. Por favor, rellene la Carta de Revelación Paternal y Declaración de Consentimiento para obtener información sobre otros beneficios.

Declaración de Privacidad

El Acta de Privacidad: Esto explica como usaremos la información que nos da.

El Richard B. Russell Ley Nacional de Almuerzo Escolar exige la información en esta solicitud. Usted no necesita dar la información, pero si no lo hace, nosotros no podemos aprobar su hijo(a) por comidas gratis o a precios reducidos. Debe incluir los últimos cuatro dígitos del número de Seguridad Social del miembro adulto del hogar quien firma solicitud. Los últimos cuatro dígitos del número de Seguridad Social no son necesarios si usted está solicitando para un hijo de crianza o usted listó un número de Cupones Alimentos, Temporal Asistencia para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR) u otro identificador PDA para su niño o cuando usted indica que el miembro adulto del hogar que firma la solicitud no tiene número de Seguridad Social. Nosotros usaremos su información para determinar si su niño es elegible para recibir comidas gratis o a precio reducido, y para la administración y la ejecución de los programas de almuerzo y desayuno. Es posible que compartiremos su información de amplio beneficio con programas de educación, salud, y nutrición para ayudar a realizar, financiar, o determinar beneficios para sus programas, auditores para revisar programas, y funcionarios del orden para ayudarse a investigar violaciones de las reglas del programa.

Quejas de Discriminación

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés) se prohíbe que el USDA, sus agencias, oficinas, empleados y agencias o instituciones participan en programas del USDA discriminen sobre la base de raza, color, nacionalidad, sex discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesitan medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, oíentes de audífonos de señas americanos, etc.), deben ponerse en contacto con la oficina (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audífonos del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información y programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del USDA (AD-3027) que está disponible en línea en http://www.opio.usda.gov/els/default/Files/docs/2012/Spanish_Form_508_Compliant_8_6_12_0.pdf y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA o incluya en la carta la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA po

(1) correo: U.S. Department of Agriculture
Oficde of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-0410;
(2) fax: (202) 690-7442;
(3) correo electrónico: program.intake@usda.gov

Esta institución es un proveedor que ofrece iguales oportunidades.