

Sierra Grande School District

**LETTER TO HOUSEHOLDS
SY 2017-2018**

Community Eligibility Provision

Dear Parent/Guardian:

Sierra Grande School District is participating in a Universal Lunch and School Breakfast Program for the current school year 2017-2018. If your children attend Sierra Grande School District, breakfast and lunch will be available to them at no charge. All students enrolled at this school may participate in the breakfast and lunch program at no charge to them.

Studies have shown that children who are not hungry perform better in school. By providing lunch to all children at no charge, we are hoping to create a better learning environment for our students.

The school breakfasts and lunches that we serve follow U.S. Department of Agriculture guidelines for healthy school meals. The School Breakfast and Lunch Programs cannot succeed without your support; please encourage your children to participate in the school meal programs.

Meals will be served to all students at no charge regardless of the eligibility status.

If you have any questions about the program please feel free to contact us at 719-379-3257.

Sincerely,

DeAnn Arellano, Food Service Director 

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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.

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 FDPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

STEP 1: List all students first and last names; Check the box if student does not have income. 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 FDPIR

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; Check the box if student does not have income. 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 on 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; Check the box if student does not have income. 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 FDPIR), 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".

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

Sierra Grande School District 2017-2018 Family Economic Data Survey

Apply online at: N/A

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

STEP 1 List all student's attending Sierra Grande School (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	No Income	M	M	D	D	Y	Y	Grade	Foster Child	Head Start	Runaway	Homeless	Migrant

Check all that apply. Read How to Apply for Free and Reduced Price School Meals for more information.

STEP 2 If household members (including you) currently participate in one of the following assistance 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.

SNAP Case Number	TANF Case Number	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.

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 Other Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income			
	Weekly	Bi-Weekly	2x-Month	Monthly	Annually	Weekly	Bi-Weekly	2x-Month	Monthly	Annually

Total Household Members (Students' and Adults)

STEP 4 Contact information and adult signature. Mail signed and completed application to: Sierra Grande School District 17523 Hwy. 160 Blanca, CO 81123

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of state 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	State	Zip Code	Email Address	Today's Date
			CO			

STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. Your information WILL be shared unless you check one of the boxes below.

Do NOT share my information with any programs
 Do not share my information with the programs I have checked:
 Medicaid/SCHIP
 List Specific Program
 List Specific Program
 List Specific Program
 List Specific Program

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 FDP/IR 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: _____

Instrucciones de la Encuesta de datos económicos familiaresa

Si usted, o alguien en su hogar, recibe SNAP (Programa de Asistencia Nutricional Suplementaria, TANF/CO Works (Asistencia Temporal para Familias Necesitadas; Asistencia Alternativa Estatal o Asistencia Básica en Efectivo) o FDPIR (Programa de Distribución de Alimentos en Reservas Indígenas), siga las instrucciones a continuación:

PASO 1: Escriba los nombres y apellidos de todos los estudiantes; marque la casilla si el estudiante no tiene ingresos. Opcional: Proporcione la fecha de nacimiento y el grado.

PASO 2: Escriba un número de caso si usted o alguien en su hogar participa en SNAP, TANF o FDPIR.

PASO 3: Omita.

PASO 4: Firme la solicitud. Opcional: Proporcione información de contacto con el propósito de recibir la notificación de derecho.

PASO 5: Si **no desea que su información sea compartida** con Medicaid/SCHIP y/o programas de la escuela/distrito, tiene que completar este paso.

Opcional: Contesté la Encuesta Racial y Étnica de los Niños en la parte posterior de la solicitud.

Si está solicitando para un niño en acogida, un estudiante que califica para el programa Head Start de su distrito o un estudiante fugitivo, sin hogar o inmigrante, siga las instrucciones a continuación:

PASO 1: Escriba los nombres y apellidos de todos los estudiantes; marque la casilla si el estudiante no tiene ingresos. Opcional: Proporcione la fecha de nacimiento y el grado. Marque la casilla correspondiente si el estudiante es un niño en acogida, en Head Start, fugitivo, sin hogar o inmigrante.

PASO 2: Omita.

PASO 3: Omita.

PASO 4: Firme la solicitud. Opcional: Proporcione información de contacto con el propósito de recibir la notificación de cumplimiento con los requisitos.

PASO 5: Si **no desea que su información sea compartida** con Medicaid / SCHIP y/o programas de la escuela/distrito, tiene que completar este paso.

Opcional: Contesté la Encuesta Racial y Étnica de los Niños en la parte posterior de la solicitud.

Si está solicitando con base en ingresos o está solicitando con base en ingresos y otra categoría (es decir, niños en acogida, en Head Start, fugitivo, sin hogar o inmigrante), siga las instrucciones a continuación:

PASO 1: Escriba los nombres y apellidos de todos los estudiantes; marque la casilla si el estudiante no tiene ingresos. Opcional: Proporcione la fecha de nacimiento y el grado.

Marque la casilla correspondiente si el estudiante es un niño en acogida, en Head Start, fugitivo, sin hogar o inmigrante.

PASO 2: Omita esta parte.

PASO 3:

A. **Ingresos del estudiante:** Anote el ingreso bruto combinado (antes de impuestos y otras deducciones) en la casilla "Ingresos de estudiante" para TODOS los estudiantes en su hogar mencionados en el Paso 1. Solo incluya el ingreso de un niño en acogida si usted está solicitando para él/ella junto con el resto de su hogar. Es opcional que el hogar incluya a los niños en acogida que viven con ellos como parte del hogar. Consulte "Fuentes de ingresos de estudiantes" al final de esta página.

B. **Todos los demás miembros del hogar (inclúyase a sí mismo):** Escriba el nombre de cada miembro del hogar en las casillas "Nombres de otros miembros del hogar". No incluya a las personas que viven con usted, pero que no son mantenidas con los ingresos de su hogar y no contribuyen a los ingresos a su hogar. No incluya ninguno de los miembros de la familia que usted mencionó en el PASO 1. Si un estudiante mencionado en el PASO 1 tiene ingresos, siga las instrucciones en el PASO 3, parte A.

Informe los ingresos brutos (ingreso total antes de impuestos y deducciones) para cada miembro de su hogar:

○ **Ganancias del trabajo:** ejemplo: Vea "Ingresos por trabajo" a continuación. Si se le paga \$ 500.00 cada dos semanas, por favor escriba \$ 500.00 en el espacio de ingresos en blanco y marque la casilla "cada dos semanas". Si normalmente no recibe pago por horas extra, no lo incluya en sus ingresos informados.

○ **Ingresos de Asistencia pública/Manutención de hijos/Manutención de cónyuge:** Vea "Asistencia pública/Manutención de hijos/Manutención de cónyuge" a continuación. Escriba el monto total que cada persona recibió de **cualquier programa de asistencia pública (no incluya ingresos de SNAP, TANF o FDPIR), manutención de hijos o manutención del cónyuge**. Por ejemplo: Si recibe \$ 500.00 mensuales por manutención de hijos, por favor escriba \$ 500.00 en el espacio de ingresos en blanco y marque la casilla "mensual".

○ **Pensiones/Jubilación/ Otros ingresos:** Vea "Pensiones/Jubilación/Otros ingresos" a continuación. Informe el ingreso neto de los negocios propios, granjas o ingresos por alquiler. Informe el ingreso bruto de los ingresos de pensión o jubilación. **Junto a la cantidad, marque la frecuencia con la que la persona lo recibe**. Si usted es parte de la Iniciativa de privatización de viviendas militares, no incluya este subsidio de vivienda.

Informe el total de miembros del hogar. El total tiene que ser igual a todos los nombres mencionados en la solicitud.

Provea los últimos cuatro números del número de Seguro Social (SSN), o "Marque si no tiene SSN".

PASO 4: Firme la solicitud. Opcional: Proporcione información de contacto con el propósito de recibir la notificación de cumplimiento con los requisitos.

PASO 5: Si **no desea que su información sea compartida** con Medicaid/SCHIP y/o programas de la escuela/distrito, tiene que completar este PASO.

Opcional: Contesté la Encuesta Racial y Étnica de los Niños en la parte posterior de la solicitud.

Fuentes de ingreso que tiene que informar:

Fuentes de ingresos de estudiantes:

Ganancias del trabajo
Seguro Social- Incapacidad o pagos del sobreviviente
Cualquier otro tipo de ingreso que recibe regularmente

Asistencia pública /Manutención de hijos/Manutención de cónyuge:

Pago de asistencia pública
Pago de asistencia Social
Pago de manutención de cónyuge
Pago de manutención de hijos

Ingresos por trabajo:

Sueldos/salarios/propinas
Beneficios de huelga
Compensación por desempleo
Compensación del trabajador
Ingresos netos de un negocio propio o granja

Pensiones/Jubilación/Otros ingresos:

Pensiones
Ingreso Suplementario de Seguridad
Ingreso de jubilación
Beneficios de veterano
Seguro Social
Beneficios por discapacidad
Dinero retirado regularmente de cuenta de ahorros
Intereses/Dividendos
Ingresos de propiedades/Fidecomisos/Inversiones
Contribuciones regulares de personas que no viven en el hogar
Regalías netas/anualidades/ingresos por alquiler
Cualquier otro ingreso que recibe regularmente

NO ESCRIBA DEBAJO DE ESTA LINEA. SOLO PARA USO DEL DISTRITO

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 Income Frequency - Weekly Bi-Weekly 2x/Month Monthly Annually

Household Size: _____

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: _____