

CREEDE SCHOOL DISTRICT

Mineral County
308 La Garita Street
Post Office Box 429
Creede, Colorado 81130



Office: 719.658.2220
FAX: 719.658.2942
Email: chs@creedek12.net
http://www.creedek12.net

LETTER TO PARENTS 2011-2012

Dear Parent/Guardian:

Children need healthy meals to learn. **The Creede School District** offers healthy meals every school day. Lunch costs daily in the elementary school are **\$1.55** and in the secondary school they are **\$1.80**. Your children may qualify for free meals or for reduced price meals. The reduced price is **\$.40** for lunch.

Students in preschool through 2nd grade who qualify for reduced meals will also receive lunch at no charge.

Complete **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: Creede School District, PO Box 429, 308 La Garita St, Creede CO 81130, 719-658-2220**

Here are answers to questions you may have about applying:

- 1. Who can get free or reduced price meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) and children in households that participate in The Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
- 2. 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.
- 3. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 4. Can homeless, runaway, and migrant children get free meals?** Please call **Creede School District Homeless Liaison – Jody Stroh** to see if your child(ren) qualify, if you have not been informed that they will get free meals. Making a note of the student's homeless, runaway, or migrant status on the application will not automatically qualify them for meal benefits.
- 5. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
- 6. 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:
Buck Stroh, PO Box 429, 308 La Garita St, Creede CO 81130, 719-658-2220.
- 7. 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 a U.S. citizen to qualify for free or reduced price meals.
- 8. Whom 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). You must include yourself and all children who live with you.
- 9. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month.
- 10. 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.
- 11. My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
- 12. 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 an application.

If you have other questions or need help, call **719-658-2220**.

Sincerely,

Sherry Scallan
Bookkeeper
Creede School District
sherrys@creedek12.net

Household Size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
For each additional family member add:	\$ 7,067	\$589	\$136

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 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.

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

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

INSTRUCTIONS FOR APPLYING

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM OR FDIPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student.
- Part 2:** List the name of the household member receiving the benefit, and list the case number.
- Part 3:** Skip this part
- Part 4:** Skip this part
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

If you are applying for a MIGRANT, HOMELESS, OR RUNAWAY CHILD, call Creede School District, Jody Stroh, 719-658-2220. Indicating homeless, migrant, or runaway on this application DOES NOT qualify the student for meal benefits; the coordinator must be contacted.
To be eligible for meal benefits as soon as possible, please apply with income information following the steps outlined below.

IF YOU ARE APPLYING FOR A FOSTER CHILD OR MULTIPLE FOSTER CHILDREN ONLY FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student. Check the foster check box for each foster child.
- Part 2:** Skip this part
- Part 3:** Skip this part
- Part 4:** Skip this part
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

FOR ALL OTHER HOUSEHOLDS, INCLUDING WIC AND HOUSEHOLDS THAT HAVE FOSTER CHILD(REN) LIVING WITH THEM ALONG WITH NON-FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List each child's name, school, and grade. If the child is a foster child, check the foster box. For all students listed, please indicate income information including source and frequency of pay, or indicate no income.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report all household income. Income can be from the previous month, this month, or your projected income for next month.
 - Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you not listed in Part 1. Attach another sheet of paper if you need to.
 - Column 2–Check if no income:** If the person does not have any income, check the box.
 - Column 3–6 Gross income and how often it was received:** Next to each person's name, list each type of income received and how often it was received.

Earnings from work: example: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. **Gross income is the amount earned before taxes and other deductions.**

Additional Income Sources: List the total amount each person received from **all other sources**. 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.

Other Income: Report net income for self-owned business, farm, or rental 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.

- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** An adult household member **must** sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she does not have one.

INCOME TO REPORT:

Earnings from Work
Wages/salaries/tips
Strike benefits
Unemployment
Compensation
Worker's Compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony
Child support payments

Pensions/Retirement/
Social Security
Pensions
Supplemental Security
Income
Retirement income
Veteran's payments
Social Security

Other Income
Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/
Investments
Regular contributions from
people not living in the
household
Net royalties/annuities/
net rental income
Any other income

2011-2012 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family _____

Mailing Address, City, Zip Code _____

Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return the application to the school.

Last Name, First Name		Grade	Foster Child	No Income	Earnings from work before deductions, or unemployment	Welfare, child support	Social Security and Other
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____

Student income; please provide income information for all students.
This is income that is received by the student only.

Part 1. Student Information. List all students attending [School District Name]; provide school and grade information.
Check the foster child check box for all students who are the legal responsibility of a welfare agency or court.

Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name: _____ Case Number: _____

Part 3. If any of the students you are applying for are homeless, migrant, or runaway, please call [your school, homeless liaison, migrant coordinator at #]. To be eligible for meal benefits as soon as possible, please continue to complete this application.

Name	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony		Pensions, retirement, Social Security		Other
			monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/>	2x/month <input type="checkbox"/>	monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/>	2x/month <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/> \$ _____ <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____
	<input type="checkbox"/>	<input type="checkbox"/> \$ _____ <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____
	<input type="checkbox"/>	<input type="checkbox"/> \$ _____ <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____
	<input type="checkbox"/>	<input type="checkbox"/> \$ _____ <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> \$ _____ <input type="checkbox"/> 2x/month \$ _____

Part 4. List all household members not listed above

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)—The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
Your information WILL be shared unless you check the box below.

Please do NOT share my information with the Medicaid or SCHIP offices.

List all current gross income and check how often it was received.

Part 6. Signature and Social Security Number: (Adult MUST sign)
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only): XXX-XX-____** I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ **Date:** _____

*****Do Not Write Below This Line. District Use Only.*****

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____ Eligibility: Free _____ Reduced: _____ Denied: _____

Reason: _____ Categorical Eligibility: _____ Temporary Free: _____ Expires after 45 days on: _____ Withdrawn Date: _____

Determining Official's Signature: _____ Date: _____