COCHISE ELEMENTARY SCHOOL DISTRICT NO. 26

Dear Parent/Guardian:

Children need healthy meals to learn. Cochise School offers healthy meals every school day. Lunch costs \$2.50. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$.40 for lunch. This packet includes a school meal application for free or reduced-price meal benefits, application directions. Below are some common questions and answers to help you with the application process.

1. WHO IS ELIGIBLE FOR FREE MEALS?

- a. All children in households receiving benefits from SNAP, FDPIR (Food Distribution Program on Indian Reservations) or TANF can get free meals regardless of your income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals
- c. Children participating in their school's Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.

e. Children can get free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Federal Elic	gibility Income Cha	rt for School Year 202	2-2023
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
Each additional person:	+\$8,732	+\$728	+\$168

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Karl Uterhardt, Superintendent.
- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Candy Acuña, PO Box 1088, Cochise, AZ 85606, (520) 384-2540.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact Candy Acuña immediately.
- 5. CAN I APPLY ONLINE?
 - No. Our district does not have the option to apply for free or reduced-price meals online at this time. Please contact Candy Acuña, PO Box 1088, Cochise, AZ 85606, (520) 384-2540, cacuna@cochiseschool.org and refer to the information above to complete a paper application.
- 6. 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 few days of this school year through September 1, 2022. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eliqible for free or reduced-price meals. Please fill out an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 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 reducedprice meals if the household income drops below the income limit.

- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Karl Uterhardt, PO Box 1088, Cochise, AZ 85606, (520) 384-2540, kuterhardt@cochiseschool.org.
- 11. MAY LAPPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact Candy Acuña, PO Box 1088, Cochise, AZ 85606, (520) 384-2540, cacuna@cochiseschool.org to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call (520) 384-2540. Sincerely,



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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 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.

2022-2023 Application for Free and Reduced-Price School Meals Complete one application perhousehold. Please use a pen (not a pencil).

SIEP1 LISTALL INIAN	ListALL infants, children, and students up to and including					SS SS
	Child's First Name	MI Chile	Child's Last Name	Schoo	School Name Chid Rumana, Chid Rumana,	z &
Definition of Household Member: "Anyone who is						<u></u>
living with you and shares income and expenses,					A1	
even if not related."					pae is	٦٢
Unidren in Foster care and children who meet the					ard lie	
definition of Homeless, Migrant or Runaway are					Среск	
eligible for free meals.						
						7
STEP Describing	Do any Household Members (including you) currently na	bu) currently participate in one or	more of the following as	ssistance programs; SNAP, T.	rficinate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No	
lfyor	If you answered NO > Complete STEP 3.		ase number here then go to ST:	If you answered YES > Write a case number here thengo to STEP 4 (<u>Do not complete STEP 3)</u> Case number	e Number:	ے ا
STEP3 Report Incom	Report Income for ALL Household Members (Skip this	mbers (Skip this step if you answered Yes' to STEP 2)	1 Yes' to STEP 2)		Completion Transport of the American	
				the reserve	5,400	
u unsure what e to include	A. Child Income Sometimes children in the household earn income. Please included Household Members listed in STEP 1 here.	income. Please include the TOTAL GROSS i	de the TOTAL GROSS income earned by all Children	Child GROSS hoome Weekly E-Weekly 24 (1997)	B-Week 22 Month Morthly	
here? B. All subjection and review List on	B. All <u>Adult</u> Household Members (including yourself) List only the Adult Household Members (including yourself) even if	(including yourself) sluding yourself) even if they do not receive	income. For each Household M	ember listed, if they do receive income,	B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes	
	and deductions) for each source in whole dollars only. If they do		m any source, write '0'. If you enti	er '0' or leave any fields blank, you are o How often?	not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. How often?	i i
of Income" for more information.	Name of Adult Household Members (First and Last)	GROSS Earnings from Work Weekly	Bi-Weekh 2x Month Month Child Support/Alimony	iony Weekly B	All Other Income Weekly B+Weekly 2x Month Monthly	If I
The "Sources of Income		0	\$	000		
help you with the Child Income Section.			•			
The "Sources of Income						
for Adults" chart will help / you with the Adult						7[
Household Members			\$	0		
C. To	Total Household Members	Last Four Digits of Social Primary Wage Eamer or O	Last Four Digits of Social Security Number (SSN) of Primary Wage Eamer or Other Adult Household Member	X X X X	Check if no SSN	
STEP 4 Contact infor	Contact information and adult signature	Mail				
I certify (promise) that all information on this	is application is true and that all income is re	l certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in	_	OFFICE USE ONLY	Y Green	
connection with the receipt of Federal funds alse information, my children may lose mer	connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that it also information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give also information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	Eligibility: Free Reduced	sd Denied	Date.	
Signature of adult completing the form	Today's date		ation	œ	□Directly Certified: Date of Disregard:	
			Household Size:	Per: □Week □Bi-Weekly (Every 2 Weeks) □2x Month □Monthly □Annual	eks)	
Printed name of adult completing the form	Uaytime Proc	Dayrime Phone and Email (optional)	Colonted For Verification	Colorated Enrishmetion: Confirming Official's Signature	100 G	
			Eollow-In Official's Signaffire:		Date:	
Street Address (if available)	Apt # City	State Zip	Follow-up dominia a presentation of the presen			٦

NSTRUCTIONS Sources of Income

Sou	Sources of Income for Children
Type of Income	Examples
Earnings fromwork	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, refired, or deceased and their child receives social security benefits.
Income from persons outside the household	A friend orextended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

		Sources of Income for Adults	or Adults
	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad
	Not in come from self-	- Workers Compensation	retirement and black lung benefits)
	employment (farm or business)	- workers compensation	- Private Pensions or disability
₹		- Supplemental Security	
-		Income (SSI)	 Regular income from trusts or estates
	If you are in the U.S. Military:		
<u>.</u>	 Basic pay and cash bonuses 	- Cash Assistance from	- Annuities
	(do not include combat pay,	State or local	
	FSSA, or privatized housing	government	- Investment Income
, :: ::	and managed of	- Alimony navments	- Famed Interest
	-Allowances for off-base		
	housing, food and clothing	- Child support payments	- Rental Income
		- Veteran's benefits	- Regular cash payments from outside
		- Strike benefits	nousenola

OPTIONAL Children's Racial and Ethnic Identities

Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community

Ethnicity (check one):

lispanic or Latino
□ Not Hi
lispanic or Latine

Race (check one or more):

] American Indian or Alaskan Native	
□Asian	
☐ Black or African American	
☐ Native Hawaiian or Other Pacific Islander	

White

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.

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