

Fort Ann Central School District



STUDENT ENROLLMENT PACKET

Required Forms and Documentation for Enrollment

- Registration Form
- 2 Proofs of Residency** (*see enclosed list*)
- Migrant Services Screening Form
- Digital Equity Survey
- Student Health History Form
- Health Records/Immunizations/Dental Records
- Proof of Student's Identity (*birth certificate, passport, baptism certificate*)
- Copy of Parent/Guardian's Photo ID
- Copy of IEP or 504 Plan (*if applicable*)
- Transportation Form (*PreKindergarten enrollments do not need to complete*)
- Custody Papers (*if applicable*) **legal guardians MUST provide court order**
- Free and Reduced School Meals Application (*if included*)

Please return registration packet to:

Mrs. Krista Crosbie
Registrar/Guidance Secretary
1 Catherine Street
Fort Ann, NY 12827
518.639.5594 ext. 52101
Fax: 518.639.4341
kcrosbie@fortannschool.org

Emergency Contacts: Name a responsible party other than a parent or guardian who will be able to pick up your child from school if needed (i.e. illness, injury, discipline reasons, unexpected school closure, etc.), and we are unable to reach a parent or guardian. Emergency contacts will need to bring their photo identification with them when picking up a student.

Name	Relationship	Daytime Address	Home, Cell, or Work Phone Number(s)

Other Siblings or Children in the Household

Name	Date of Birth	Lives in Household?	School Attending	Grade	Relationship to Student being enrolled

Has your child received any of the following services? AIS Math AIS ELA Bilingual Education Special Education Services

Does your child have a 504 Plan? Yes No If yes, please supply a copy of the most recent 504 Plan.

My child has been identified for Special Education Services and is receiving or has received: (Please supply a copy of your child's IEP)

Special Class (i.e. 15:1-1; 4:1-2) Consultant Teacher Services Resource Room Occupational Therapy
 Counseling Services Physical Therapy Speech Therapy/Services Other: _____

Has your child ever been evaluated or referred for evaluation to determine eligibility for Special Education programs/services? Yes No
 If yes, please list the type of evaluation, date, and who provided the evaluation. Please provide copies of the reports, if available.

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation, school meals, and other services. If you check any box other than In Permanent Housing, please contact Mrs. Crosbie (518.639.5594, ext. 52101 or kcrosbie@fortannschool.org), or the District's McKinney-Vento Liaisons: Mr. Hoskins (518.639.5594, ext. 52050 or jhoskins@fortannschool.org), or Mrs. Discenza (518.639.5594, ext. 52100 or mdiscenza@fortannschool.org) as soon as convenient; your child may be eligible to be enrolled without further documentation.

Where is the student currently living?

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (please describe): _____
- In permanent housing

Is there any other information you would like us to know or we need to know about your child?

Please return all the required enrollment forms in this packet, and return to Mrs. Crosbie, Registrar, at the Fort Ann Central School District, 1 Catherine Str, Fort Ann, NY 12827. The District is unable to request school records from your child's previous school until you have submitted the completed forms, 2 proofs of residency (see enclosed list), and your child's birth certificate or passport. If you are unable to supply the proof of residency or your child's birth certificate, please contact Mrs. Crosbie at 518.639.5594. Ext. 52101 or kcrosbie@fortannschool.org to discuss possible alternatives.

Information on Rights of Parents from the Family Education Rights and Privacy Act (FERPA)

An educational agency or institution shall give full rights under the Act of either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation or custody that specifically revokes these rights. (Authority: 20 U.S.C.1232g)

Signature of Parent or Guardian: _____

Date: _____

Fort Ann Elementary School

One Catherine Street
Fort Ann, NY 12827

Phone 518-639-5594 Fax 518-639-4341



Acceptable Proof of Residency

Please submit 2 documents from the list below

Category A:

- **Lease agreement or notarized statement from landlord** - must include tenants' names and physical address AND BE SIGNED
- **Copy of deed**
- **Voter registration card**
- **Auto insurance card/policy** - policy must be active
- **Homeowner's insurance policy** - must include name and full physical address of parent/guardian- must be active
- **Income Tax Form** - most recent year
- **School Tax bill** - most recent year
- **Mortgage Statement or other documents from your closing**
- **Pay Stub*** - must include name and full physical address of parent/guardian
- **Utility Bill*** - National Grid, Local water/sewer, cable
- **Notices/Award Letters from DSS, OTDA, SSA***

Category B:

Accepted only if none of the above are available and with approval of the District:

- Notarized statement from a third party - must include all tenants' names and the full physical address as well as the date tenancy began
- Copy of proof of purchase contract with a letter from an attorney listing the expected closing date/time

*Proof of Residency with * must be within 30 days of receipt by district.

Mrs. Crosbie
Registrar/Guidance Secretary
(518)639-5594 ext. 52101
Fax (518)639-4341
kcrosbie@fortannschool.org

Eligibility Screen for Migrant Education Services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last three years, **has the parent or guardian** of the child enrolling **done farm work as a paid job?** (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES _____ NO _____

If yes, what farm did you work on? _____ Where? _____ When? _____



If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____
(Street Address)

(city, town or village) (Zip) _____ Work or Message # _____

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

To submit this referral please fax to the Herkimer BOCES at (315) 867-2087 or mail to the address above. For more information please call the Migrant Program at (315) 867-2079.
Thank you for your assistance.

Cuestionario de Elegibilidad para Servicios de Educación Migrante

*** Servicios del Programa de Educación Migrante son gratuitos y pueden incluir tutoría, ayuda con necesidades de salud, viajes educacionales, programas del verano, actividades de involucrar a los padres, educación para adultos, ayuda de emergencia y referidos a otros servicios como necesario. ***

¿Ha mudado su familia a un distrito escolar diferente en los últimos 3 años? Sí _____ NO _____

¿En los últimos 3 años ha trabajado un padre o guardián en granja como: lechería, plantando, cosechando frutas o legumbres, el procesamiento o empacar de comida, corta de árboles o cultivo de árboles? Sí _____ NO _____

Si UD dijo que si, ¿en que granja? _____ ¿Donde? _____ ¿Cuándo? _____



Si Usted contestó que **Sí** a **AMBOS** preguntas de arriba, su familia **PUEDE** calificar para servicios de Educación Migrante. Para estar contactado por una reclutadora del Programa de Educación Migrante, favor de llenar la información de abajo.

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Padres/ Guardianes

Nombre de la Mamá _____ Nombre del Papá _____

Dirección de la Casa _____ Numero de teléfono en casa _____
(Dirección de la Calle)

_____ # de teléfono del trabajo o de Mensaje _____
(Ciudad o Pueblo) (Código Postal)

Distrito escolar _____ edificio escolar _____

Persona para contactar _____ numero para contactar _____

Otra información Útil (direcciones, nombres de granjas, mejor hora de llamar, etc.) _____

Para someter este referido, favor de mandarlo por fax al Herkimer BOCES a
(315) 867-2087 o mandar por correo al dirección de arriba.

Para más información, favor de llamar al Programa Migrante a (315) 867-2079. Gracias.

FORT ANN CENTRAL SCHOOL DISTRICT



DIGITAL EQUITY SURVEY

The New York State Education Department is asking parents and guardians to complete the Digital Equity Survey for each student in their family in grades Kindergarten - Grade 12. This survey will provide information on student access to devices and internet access at their residences. This data will be used to help educators better serve students and families. **Please answer each question below**, and follow any additional instructions provided for submitting or returning the survey.

Child's Name: _____ Grade: _____

1. What device will your child use to complete learning activities away from school? (This can be a school-provided device or another device; whichever the student will most often use to complete their schoolwork.)

Desktop Computer

Laptop

Tablet

Chromebook

Smartphone

No Device

2. Who is the provider for the device in question #1?

School

Personal Device

3. Is the primary learning device identified in questions #1 shared with anyone else in the household?

Shared

Not Shared

4. Is the primary learning device sufficient for your child to fully participate in all learning activities away from school?

Yes

No

5. Is your child able to access the internet in their primary place of residence?

Yes

No

6. What is the primary type of internet service used in your child's primary place of residence?

Residential Broadband

Cellular

Mobile Hotspot

Dial Up

DSL

Community WiFi

No Service

Satellite

Other: _____

7. In your primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?

Yes

No

8. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?

Cost

Availability

None

Other: _____

Please complete one form for each student in your household

FORT ANN CENTRAL SCHOOL DISTRICT

Request for Student Records

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Student's Information

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Grade Level: _____

Date of Last Attendance: _____

Signature of Parent/Guardian (if available): _____

The following records are hereby requested:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (if applicable) | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

Signature

Title

Date

PLEASE MAIL TO:

Mrs. Krista Crosbie, Guidance/Registration Secretary
Fort Ann Central School District
1 Catherine Street
Fort Ann, NY 12827
(518)639-5594, ext. 52101
Fax: (518)639-4341
kcrosbie@fortannschool.org

**21/22 FORT ANN CENTRAL SCHOOL
TRANSPORTATION INFORMATION FORM**

FORT ANN SCHOOL DISTRICT TRANSPORTATION POLICY

1. Students who are in Kindergarten **MUST** be met by their parent/guardian, if a parent/guardian is not there to meet their child, they will be taken back to school.
2. Transportation information forms must be completed every school year, even if the information is the same as the previous year.
3. Transportation information forms should be completed anytime there is a change in your child's bus route.

NOTE: ANY CHANGES TO BUS ROUTE MUST BE FILLED OUT PRIOR TO THE CHANGE. PLEASE ALLOW FOR 3 TO 5 DAYS FOR PROCESSING.

Today's Date _____ Effective Date _____

Student's Name _____ Grade _____

Parent/Guardian Name _____

Primary Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

PLEASE CHECK IF YOUR CHILD IS A WALKER OR PARENT DROP OFF/PICK UP _____ AM _____ PM

STUDENT DRIVES SELF _____

AM Alternate Bus Route:

Name Child Care Provider: _____ Phone: _____

Address: _____

Please circle which days your child(ren) will be PICKED UP at child care:

MON TUES WED THURS FRI

PM Alternate Bus Route:

Name Child Care Provider: _____ Phone: _____

Address: _____

Please circle which days your child(ren) will be DROPPED OFF at child care:

MON TUES WED THURS FRI

Parent/Guardian Signature _____

FORT ANN CENTRAL SCHOOL DISTRICT

STUDENT HEALTH HISTORY

Student Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:	Age:
Parent/Guardian: (person completing form)	Grade:

Has your child ever:	YES	NO	If yes, please explain and include date
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had surgery/been hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone or muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out or fainted	<input type="checkbox"/>	<input type="checkbox"/>	
Had a concussion or head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Worn glasses or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	
Used hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	
Had braces, spacers or other orthodontics	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Anxiety/Depression |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ear Tubes | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> OCD/ODD | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin Conditions | |
| <input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle) | <input type="checkbox"/> Other: _____ | |

Please indicate:	YES	NO	Please specify:
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Severity: <input type="checkbox"/> mild <input type="checkbox"/> severe
Medication at <u>Home</u>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Dose: _____
Medication at <u>School</u>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Dose: _____
Dietary Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gluten Free <input type="checkbox"/> Lactose Free Other: _____

Any additional health concerns: _____

Parent/Guardian Signature: _____ Date: _____

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex: Male Will this be your child's first visit to a dentist? Yes No
Month Day Year Female

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature Date

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) Dentist's Signature

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Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

Yes No Caries Experience/Restoration History - Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity]

Yes No Untreated Caries - Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes No Dental Sealants Present

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Letter to Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. Fort Ann CSD offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.85. Your children may qualify for free meals or for reduced price meals. Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.

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: Mrs. Crosbie, Fort Ann Central School, 1 Catherine Street, Fort Ann, NY 12827, (518)639-5594, ext. 52101.
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. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Households with children who are categorically eligible through an Other Source Categorically Eligible designation, as defined by law, may be eligible for free benefits and should contact the SFA for assistance in receiving benefits.
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. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.
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 Mrs. Discenza, (518)639-5594, ext. 52100 or mdiscenza@fortannschool.org to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children may be approved as reduced price eligible if your household income is within the reduced-price limits on the Federal Eligibility Income Chart, shown on this letter. Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.
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 (518)639-5594, ext. 52101 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 up to the first 30 operating 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: Ms. Huskie, (518)639-5594, ext. 52060, nhuskie@fortannschool.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.

2022-2023 INCOME ELIGIBILITY GUIDELINES

REDUCED PRICE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 25,142	\$ 2,096	\$ 1,048	\$ 967	\$ 484
2	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
3	\$ 42,606	\$ 3,551	\$ 1,776	\$ 1,639	\$ 820
4	\$ 51,338	\$ 4,279	\$ 2,140	\$ 1,975	\$ 988
5	\$ 60,070	\$ 5,006	\$ 2,503	\$ 2,311	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 2,867	\$ 2,647	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 3,231	\$ 2,983	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 3,595	\$ 3,318	\$ 1,659
*Each add'l person add	\$ 8,732	\$ 728	\$ 364	\$ 336	\$ 168

How to Apply: To get free or reduced price meals for your children carefully complete one application following the instructions for your household and return it to the designated office listed on the application. 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 any household member, 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 for free and reduced price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions.** Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application. No application is necessary if the household was notified by the SFA their children have been directly certified. If the household is not sure if their children have been directly certified, the household should contact the school.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year and up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first). 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.

Reduced Price Eligible Students: **Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.**

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or disability

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 of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare professional. 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 statement 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,



Mrs. Krista Crosbie

Nondiscrimination 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

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.

If you have any questions or need help in filling out the application form, please contact:

Name: Mrs. Krista Crosbie

Title: Reviewing Official

Telephone Number: (518)639-5594 ext. 52101

Date Withdrew _____

F ____ R ____ D ____

2022-2023 Application for Free and Reduced Price School Meals

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 the address listed below**. Call **(518)639-5594 ext. 52101**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Fort Ann Central School**
1 Catherine Street
Fort Ann, NY 12827

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR 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 #: _____

3. 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.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX- ____ - ____

I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all 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: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific 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: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to Fort Ann Central School. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: (518)639-5594 ext. 52101. 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 SNAP, 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 and other income. If the current income 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), 2 x per month, monthly. If no income, check the box.** 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 and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) 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.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). 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.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

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

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

MEAL SERVICES TO CHILDREN WITH DISABILITIES

Dear Parent/Guardian:

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) aim to provide all participating children, regardless of background, with the nutritious meals they need to be healthy. This includes ensuring children with disabilities have an equal opportunity to participate in and benefit from the NSLP and SBP.

Federal regulations require schools and institutions to serve meals at no extra charge to those children whose disability restricts their diet in such a way that they cannot fully participate in the food service program without some modification to the foods offered or the scheduled menu. If you believe your child needs substitutions because of a disability, please get in touch with us for further information. You must request meal modifications from the school and provide the school with a medical statement from a State licensed healthcare professional. This medical statement must contain but is not limited to the following:

- Information about the child's physical or mental impairment that is sufficient to allow the school to understand how it restricts the child's diet,
- An explanation of what must be done to accommodate the child's special dietary need,
- The food or foods to be omitted and recommended alternatives, in the case of a modified meal

If you have questions regarding the need for meal modifications, contact Mrs. Mary Howerton at (518)639-5594, ext. 52055 for further information.

Sincerely,



Mrs. Krista Crosbie

Nondiscrimination Statement:

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program.intake@usda.gov

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**PARENT/GUARDIAN CONSENT TO RELEASE ELIGIBILITY INFORMATION
FOR FREE AND REDUCED PRICE MEALS**

July 12, 2022

Dear Parent/Guardian:

If your child is eligible for free and reduced price meals, he/she also may be eligible for other benefits. To receive these benefits, you must provide written consent to permit school officials to give your name, address, and an indication that your household is eligible for free and reduced price meals, to representatives of certain programs. **Failure to sign a consent statement that will allow disclosure of this information will not affect your child's eligibility or participation in the school meals programs.**

Some of the programs that may request names and eligibility information to be used to provide benefits, and for which parent/guardian consent is required, include: federal health insurance programs such as Medicaid or Children's Health Insurance program (CHIP), other federal programs, State programs, local health and education programs and other local activities. For example, the disclosure of children's eligibility for free and reduced price meals to determine eligibility for free text books, free band instruments, holiday baskets, school supplies, etc., or reduced fees for summer school or driver education programs, would require written consent by the child's parent/guardian.

If you wish to provide consent to release information contained in your child's free and reduced price meal application, to receive other benefits, please complete the attached consent statement.

Please call Mrs. Crosbie at (518)639-5594, ext. 52101 if you have questions.

Sincerely,

Mrs. Krista Crosbie

Enclosure (consent statement)

Nondiscrimination Statement:

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2. **fax:**
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3. **email:**
program_intake@usda.gov

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CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION (single programs)

School officials may release information that shows that my child/children are eligible for free or reduced price meals to the following program. I understand that the information will only be provided to this program.

Name of Program (to be completed by SFA) _____

I understand that I will be releasing information that will show my child/children are eligible for free and reduced price meals. I give consent to release my confidential information for the above named program only.

Child/Children:

I certify that I am the parent/guardian of the child/children for whom the free/reduced price application was made:

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

Nondiscrimination Statement:

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Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

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CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION (multiple programs)

School officials may release information that shows that my child/children are eligible for free or reduced price meals to the following programs. I understand that the information will only be provided to the program(s) checked.

(Check the box next to the program area(s) you wish to release information to)

- Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).
- State or federal programs such as the Youth Summer Work program or the Educational Talent Search Program.
- Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.
- Community programs such as holiday baskets, summer arts and playground programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals. I give consent to release my confidential information for the above named uses.

Child/Children:

I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

Nondiscrimination Statement:

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