

# STUDENT MEDICAL / DATA INFORMATION

PLEASE COMPLETE THE STATE MANDATORY INFORMATION AND RETURN IT TO SCHOOL- ASAP. THANK YOU

STUDENT'S NAME \_\_\_\_\_ SS#(OPT) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ YR. OF GRADUATION \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Student Race (Circle One)**    American Indian    Asian    Black or African American    Native Hawaiian or Other Pacific Islander    White    Hispanic

LIVING WITH (CIRCLE ONE)    A-ALONE    G-GRANDPARENTS    M-MOTHER ONLY  
D-FATHER/STPMOTHER    H-HOMELESS    P-BOTH PARENTS  
E-MOTHER/STEPFATHER    I-INSTITUTION    S-SPOUSE  
F-FATHER ONLY    L-LEGAL GUARDIAN    T-FOSTER PARENTS

GUARDIAN 1 (CIRCLE ONE)    1-BOTH PARENTS    GUARDIAN 2 (CIRCLE ONE)    1-BOTH PARENTS  
2-FATHER    2-FATHER  
3-MOTHER    3-MOTHER  
4-GUARDIAN    4-GUARDIAN

\_\_\_\_\_  
PREVIOUS SCHOOL  
\_\_\_\_\_  
SCHOOL ADDRESS  
\_\_\_\_\_  
CITY, STATE & ZIP

**Ethnic Group** (Please mark one) Is this student Hispanic or Latino?  No, not Hispanic or Latino  Hispanic  Latino

IS STUDENT IN A HOUSEHOLD OF "ACTIVE" MILITARY PERSONNEL? Y N WHAT BRANCH? \_\_\_\_\_

WAS THE STUDENT BORN OF A MULTIPLE BIRTH? I.E. TWINS, TRIPLETS, ETC \_\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_ HOME PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ FATHER/GUARDIAN \_\_\_\_\_

FATHER'S PHONE \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

MOTHER'S PHONE \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

NAME, GRADE AND AGES OF ALL SIBLINGS \_\_\_\_\_

LOCAL CONTACT PERSON AVAILABLE TO PICK UP STUDENT IF ABOVE CANNOT BE REACHED:

NAME \_\_\_\_\_ ADDRESS/CITY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ CLINIC \_\_\_\_\_ PHONE \_\_\_\_\_

## SEE MEDICATION GUIDELINE FOR MEDICATION PRIVILEGES WHILE AT SCHOOL

DOES STUDENT TAKE ANY MEDICATIONS? YES NO IF YES, INDICATE TYPE OF MEDICATION (ON BACK)

SIDE EFFECTS (IF ANY) \_\_\_\_\_ ANY DRUG ALLERGY \_\_\_\_\_

HAS A LICENSED PROFESSIONAL DIAGNOSED STUDENT WITH ADD/ADHD? YES NO  
(IF YES, PLEASE ATTACH A COPY OF EVALUATION CONFIRMING ADD/ADHD.)

DOES STUDENT HAVE ANY HEALTH PROBLEMS THAT THE TEACHER AND SCHOOL NURSE SHOULD KNOW ABOUT (DIABETES, ASTHMA, EPILEPSY, HEARING PROBLEMS, ALLERGY TO BEE OR WASP STINGS, ETC.)?  
YES \_\_\_\_\_ NO \_\_\_\_\_ (IF YES, PLEASE EXPLAIN ON BACK & SEND EMERGENCY MEDS)

MAY THIS INFORMATION BE SHARED WITH PERSONS INVOLVED WITH YOUR CHILD? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES STUDENT HAVE AN ARKIDS 1<sup>ST</sup> /MEDICAID CARD? YES \_\_\_\_\_ NO \_\_\_\_\_ Med # \_\_\_\_\_

AUTHORIZATION TO BILL MEDICAID? YES \_\_\_\_\_ NO \_\_\_\_\_

I \_\_\_\_\_ SWEAR THAT MY STUDENT IS A LEGAL STUDENT AT POTTSVILLE SCHOOL BECAUSE OF BEING \_\_\_\_\_ A LEGAL TRANSFER OR \_\_\_\_\_ A RESIDENT OF THE SCHOOL DISTRICT. ANY PERSON WHO KNOWINGLY GIVES A FALSE RESIDENTIAL ADDRESS FOR PURPOSES OF PUBLIC SCHOOL ENROLLMENT IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED FIVE HUNDRED DOLLARS (\$500).

HAS THIS STUDENT BEEN EXPELLED/SUSPENDED FROM HIS/HER PREVIOUS SCHOOL OR CURRENTLY UNDER AN EXPULSION/SUSPENSION PROCEDURE? YES NO

<<<<PLEASE COMPLETE THE BACK OF THIS FORM FOR ADDITIONAL CONTACT INFO>>>>

PROBLEMS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give the following people permission to check my child out of school:

(Please note that your child will not be released to anyone not listed below or as an emergency contact)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please contact the office if at any times any of the above information changes.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Pottsville Public Schools Student Network User Policy

## Introduction

This policy document has been developed to meet the Pottsville School Board's responsibility for securing its network and computing systems in a reasonable and economically feasible manner. The intent of the policy includes the prevention of unauthorized student user access and/or abuse, while making the system accessible for authorized users. Users are hereby informed of the district's standards of conduct and the consequences for not adhering to them. Violation of certain provisions of this policy will result in the temporary or permanent suspension of user accounts. The Pottsville School Board hereby makes it known that it will use its authority to assist state and federal authorities in enforcing copyright, intellectual property rights, and network abuse laws.

In concert with the release of the Student Network User Policy, school patrons are also informed that the Pottsville Public Schools is making on-line information and communications services accessible to students and staff. The following policy statements are effective on the date provided in Section VI.

## Section I: General

### Principles

The Internet is an unregulated communications environment. The district intends to make only school district K-12 curriculum related educational resources available to authorized users. This shall be accomplished in the following manner:

1. All connections to the Internet, commercial on-line resources, or community access information networks will be through the district's APSCN (Arkansas Public School Computer Network) Gateway provider. It is the district's intent that encountering questionable material occurs only as a result of a conscious choice on the part of the user.
2. All computers from which remote electronic information resources can be accessed will be in supervised areas. School district staff shall monitor student computer use providing assistance or taking corrective action when necessary.
3. Designated district staff shall assist in providing:
  - training for students and other staff in the appropriate and safe use of remote electronics information resources.
  - instruction to students and staff on the responsible use of on-line resources.
  - direction to on-line resources that relate to curriculum, teaching and learning, and related communications priority activities and applications
  - parents and staff with the opportunity to become aware of the district's policy and make available the Student Network User Policy for review.



Section VII: Student Internet and Computer System Service Account

The following form shall be used to provide a record of the assignment of student user account names.

Student Network Contract Form

I have read the Pottsville Public School's Student Network User Policy document. I take personal responsibility for abiding by the terms and conditions set forth. I further understand that violation and abuse of copyright and intellectual property rights is unethical and may constitute a federal or state offense. I understand that should I commit any violation of the district network user policy, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be pursued in the context of general board policy on due process.

Student User Name (Please Print) \_\_\_\_\_

Student User Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*If the applicant is under the age of 18, a parent/guardian must also sign.

Parent or Guardian Permission Form

As the parent or guardian of this student, I have read the Pottsville Public Schools Student Network User Policy. I understand that the access to and the use of electronic network resources is designed for educational purposes and that the Pottsville School District has taken precautions to eliminate access to controversial material. However, I also recognize it as impossible for the school district to restrict access to all controversial materials and I will not hold the district responsible for materials acquired from the network. Further, I accept full responsibility for supervision if and when my child's use of school district network resources are accessed and used in a non-school setting. I have read the Student Network Contract Form and hereby give my permission to issue an account for my child.

Parent/Guardian (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_



# TRAVEL TYPE

STUDENT NAME: \_\_\_\_\_  
(PLEASE PRINT YOUR NAME)

PLEASE INDICATE HOW YOU TRAVEL TO AND FROM SCHOOL.

CIRCLE ONE

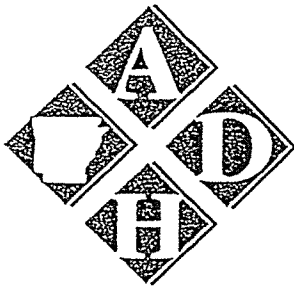
B-BUS

D-DRIVES SELF

G-PARENT/GUARDIAN







# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Paul K. Halverson, DrPH, Director  
Mike Beebe, Governor

Dear Parent:

Steps have been taken to protect Pottsville students who live inside the Ten Mile Emergency Planning Zone in the event of an emergency at Arkansas Nuclear One. Emergency plans currently in effect contain the following safety provisions:

- School officials will be notified in the event of an emergency which affects these specific Pottsville students.
- If their homes have been evacuated, these students will be transported by bus or auto to a designated reception center in Conway County at the end of the school day. (Morrilton, Wonderview or Nemo Vista)
- When vehicles arrive at the designated reception center, each student will be registered. Students may be monitored for radiation contamination IF conditions warrant.

**Remember...these plans apply only to those Pottsville students who live within ten (10) miles of Arkansas Nuclear One. The Pottsville School lies outside the ten mile Emergency Planning Zone and would not be subject to evacuation in an emergency. Please stay tuned to your local radio station for emergency instructions and to learn which care center is being used to house Pottsville students.**

**IMPORTANT...DO NOT TRY TO PICK UP YOUR CHILDREN FROM SCHOOL, THIS WILL ONLY RESULT IN TRAFFIC PROBLEMS. GO TO THE PROPER DESIGNATED RECEPTION CENTER USING A DESIGNATED EVACUATION ROUTE. STUDENTS WILL BE RELEASED ONLY TO PARENTS OR LEGAL GUARDIANS FROM THESE CENTERS.**

If you require additional information, please contact school officials or Arkansas Nuclear Planning and Response at 968-7171 or toll free 1-800-422-6630. Questions may also be forwarded via email to: [arkansasnuclearplanning@arkansas.gov](mailto:arkansasnuclearplanning@arkansas.gov).



# HOME LANGUAGE SURVEY

Arkansas Department Of Education  
Equity Assistance Center

Sex/Sexo

Student's Name: \_\_\_\_\_ Circle One: M F  
Nombre del Estudiante

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Fecha de Nacimiento Edad

School: \_\_\_\_\_  
Escuela

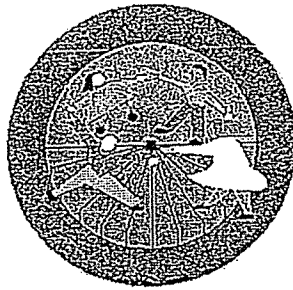
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
Maestro/Maestra Grado

1. What language is spoken in your home most of the time? \_\_\_\_\_  
Cual es el idioma que mas se habia en su casa?
2. What language does the student speak most of the time? \_\_\_\_\_  
Cual es el idioma que habia mas el estudiante?
3. What language do parents speak to the student most of the time? \_\_\_\_\_  
Cual el es idioma que mas le habian los padres al estudiante?

Signature of Parent/Guardian or Student \_\_\_\_\_  
Firma del Padre/Guardian Legal o Estudiante

Date: \_\_\_\_\_  
Fecha





POTTSVILLE SCHOOL DISTRICT  
AGRICULTURAL SURVEY  
ARKANSAS MIGRANT EDUCATION PROGRAM

YOUR CHILDREN MAY QUALIFY FOR TUTORING, BOOKS, SCHOOL SUPPLIES,  
PRESCHOOL PACKETS, HIGH SCHOOL CORRESPONDENCE COURSES, SCHOLARSHIPS  
FOR COLLEGE OR VO-TECH, AND LIMITED HEALTH SERVICES.

HAS YOUR FAMILY MOVED ACROSS ANY STATE OR SCHOOL DISTRICT LINE  
WITHIN THE PAST THREE YEARS TO LOOK FOR OR DO ANY OF THE FOLLOWING  
JOBS?

YES \_\_\_\_\_

NO \_\_\_\_\_

IF YOU CHECKED YES, PLEASE CHECK THE JOB THAT YOU WORK/WORKED OR  
LOOKED FOR WORK.

\_\_\_\_\_ CHICKEN/TURKEY/BEEF OR FOOD PROCESSING PLANT  
(FOR EXAMPLE : Tyson, Con-Agra, Twin Rivers, Simmons, Ozark Mtn., OK Foods,  
Wayne Farms, Petit Jean Poultry, Allen Canning, Pepper Source, Bryant Preserves)

\_\_\_\_\_ FARM WORK  
(For Example: Cattle, Dairy, Chicken, Fruits, Vegetables, Sod)

\_\_\_\_\_ COTTON GIN

\_\_\_\_\_ CUTTING OR PLANTING TREES

\_\_\_\_\_ WORKING ON A FISH FARM

\_\_\_\_\_ HARVESTING FRUITS OR VEGETABLES

\_\_\_\_\_ CANNING FRUITS OR VEGETABLES

\_\_\_\_\_ WORKING AT A GRANARY

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME (S) \_\_\_\_\_

PHONE # \_\_\_\_\_ MESSAGE/CELL PHONE # \_\_\_\_\_

STREET NAME \_\_\_\_\_ HOUSE OR APT. # \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PLEASE RETURN THIS SURVEY TO SCHOOL TOMORROW. THANK YOU!









# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Pottsville School District offers healthy meals every school day. Breakfast costs 1.10; lunch costs 1.85/K-3 2.10/4-12. Your children may qualify for free meals or for reduced price meals. Reduced price is .30 for breakfast and .40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's 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.

2. **FEDERAL INCOME ELIGIBILITY CHART For School Year 2016-2017**

Household size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

**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 Pottsville School District

3. **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: Kathy Cynova 87 So B Street Pottsville AR 72858.
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Kathy Cynova 479-968-8625 or [Kathy.cynova@pottsvilleschools.org](mailto:Kathy.cynova@pottsvilleschools.org) immediately.

5. CAN I APPLY ONLINE? NO We are not currently taking On-Line applications
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few 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.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in 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.
9. 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.
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: Larry Dugger 479-968-8101 or [larry.dugger@pottsvilleschools.org](mailto:larry.dugger@pottsvilleschools.org)
11. MAY I APPLY 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.
12. 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.
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, or receive Family Subsistence Supplemental Allowance payments, 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 Kathy Cynova 479-968-8625 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 Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call [State hotline number].

If you have other questions or need help, call 479-968-8625.

Sincerely,



# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Pottsville Schools 479-968-8625 or Kathy.cynova@pottsvilleschools.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

### Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Pottsville Schools], *regardless of age.*

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *Is the child a student at Pottsville Schools?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Pottsville Schools. Include the name of the school and the grade for each child that is a student at the school district.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)?

If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), your children are eligible for free school meals.

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN Supplemental Nutrition Assistance Program (SNAP):

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN Supplemental Nutrition Assistance Program (SNAP):

- Circle 'YES' and provide a SNAP case number or SNAP Identifier Number. You only need to write one case number or identifier. If you participate in this program and do not know your case number or identifier number, contact: Dept of Human Services 479-968-5596]. You must provide a case number or identifier on your application if you circled "YES".
- THIS IS NOT THE SIXTEEN (16) DIGIT EBT CARD NUMBER
- Skip to STEP 4

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) **CHILD INCOME:** Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

#### What is Child Income?

Child income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

#### Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none"><li>Earnings from work</li></ul>	<ul style="list-style-type: none"><li>A child has a job where they earn a salary or wages.</li></ul>
<ul style="list-style-type: none"><li>Social Security<ul style="list-style-type: none"><li>Disability Payments</li><li>Survivor's Benefits</li></ul></li></ul>	<ul style="list-style-type: none"><li>A child is blind or disabled and receives Social Security benefits.</li><li>A parent is disabled, retired, or deceased, and their child receives social security benefits.</li></ul>
<ul style="list-style-type: none"><li>Income from persons <i>outside</i> the household</li></ul>	<ul style="list-style-type: none"><li>A friend or extended family member <i>regularly</i> gives a child spending money.</li></ul>
<ul style="list-style-type: none"><li>Income from any other source</li></ul>	<ul style="list-style-type: none"><li>A child receives income from a private pension fund, annuity, or trust.</li></ul>

#### B) FOR EACH ADULT HOUSEHOLD MEMBER:

##### Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do not include people who:

- Live with you but are not supported by your household's income and do not contribute income to your household.
- Children and students already listed in Step 1

##### How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in gross income ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes or deductions.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.

- List Adult Household member's name. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.
- Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

### What if I am self-employed?

If you are self-employed, report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

- **Report income from Public Assistance/Child Support/Alimony.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.
- **Report income from Pensions/Retirement/All other income.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.
- **Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
- **Provide the last four digits of your Social Security Number.** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#."

### Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> <li>• Strike benefits</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability</li> <li>• Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) **Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) **Sign and print your name.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) **Write Today's Date.** In the space provided, write today's date in the box.

D) **Share children's Racial and Ethnic Identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.



# 2016-2017 Application for Free and Reduced Price School Meals

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

## STEP 1

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Names of ALL Children (First, Middle Initial, Last)

School

Grade

Student Yes No

Foster Child

Homeless, Migrant, Runaway

Check all that apply

## STEP 2

Report on ALL household members (including you) who are currently on the following Supplemental Nutrition Assistance Program (SNAP), Child Nutrition Programs, or other federal benefits.

If you answered NO > Complete STEP 3. If you answered YES > Write a SNAP case number or identifier here then go to STEP 4. (Do not complete STEP 3)

Case Number or Identifier:

Write only one case number or identifier in this space (this is NOT the 16-digit EBT card number)

## STEP 3

Report on ALL household members (including you) who are currently on the following Supplemental Nutrition Assistance Program (SNAP), Child Nutrition Programs, or other federal benefits.

### A. Child Income

Sometimes Children in the household earn income. Please include the TOTAL income earned by all Household members who are infants, children, and students listed in STEP 1 here.

Total Child(ren) Income	Weekly	Bi Weekly	Mi Weekly	How Often? Weekly
\$				0 0 0 0

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members Section

### B. All Adult Household Members (including yourself)

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 source, write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from work	Public Assistance/Child Support/Alimony	How Often? Weekly	Bi Weekly	Mi Weekly	How Often? Weekly	Bi Weekly	Mi Weekly	Pension/Retirement/ All Other Income	How Often? Weekly	Bi Weekly	Mi Weekly
\$	\$	\$	0	0	0	0	0	0	\$	0	0	0
\$	\$	\$	0	0	0	0	0	0	\$	0	0	0
\$	\$	\$	0	0	0	0	0	0	\$	0	0	0
\$	\$	\$	0	0	0	0	0	0	\$	0	0	0

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

## STEP 4

I certify (promise) that all information on the application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Street Address (if available) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone and Email (optional) \_\_\_\_\_

**OPTIONAL**

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. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

- Ethnicity (Check one):
- 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 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) case number or other SNAP 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

- To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
  2. fax: (202) 690-7442; or
  3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov) <<mailto:program.intake@usda.gov>> .

This institution is an equal opportunity provider.

Disclosure (Optional)  
 I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1<sup>st</sup>).

School use only

Total Income: \_\_\_\_\_

Per:  Week  Every 2 Weeks  Twice a Month  Month  Year

Household Size: \_\_\_\_\_ SNAP: \_\_\_\_\_ Categorically Eligible: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Eligibility:  Free  Reduced  Denied

Reason for denial: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Determination Date: \_\_\_\_\_

Annual Income Conversion: show calculations

Weekly	X 52=	_____
2x/month	X 24=	_____
Every 2 wks	X 26=	_____
Monthly	X 12=	_____
Annual	X 1=	_____