

POTTSVILLE JR AND SR HIGH SCHOOL 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 D-FATHER/STEPMOTHER E-MOTHER/STEPFATHER F-FATHER ONLY G-GRANDPARENTS H-HOMELESS I-INSTITUTION L-LEGAL GUARDIAN M-MOTHER ONLY P-BOTH PARENTS S-SPOUSE T-FOSTER PARENTS _____
PREVIOUS SCHOOL

GUARDIAN 1 (CIRCLE ONE) 1-BOTH PARENTS 2-FATHER 3-MOTHER 4-GUARDIAN GUARDIAN 2 (CIRCLE ONE) 1-BOTH PARENTS 2-FATHER 3-MOTHER 4-GUARDIAN _____
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 1ST /MEDICAID CARD? YES NO Med # _____

AUTHORIZATION TO BILL MEDICAID THROUGH 3rd PARTY BILLING FOR HEARING/VISION SCREENINGS? 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>>>>

HEALTH

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 School District
Home Language Survey
(Encuesta de Lenguaje en Casa)

Student's Name _____ School _____
(Nombre de estudiante) (Escuela)

Date of Birth _____ Gender _____ Age _____
(Fecha de Nacimiento) (Genero) (Edad)

Teacher _____ Grade _____
(Maestra/maestro) (Grado)

	English (Inglés)	Spanish (Español)	Other (Otro)
What language is spoken in your home most of the time? (¿Cuál es el idioma que habla más en su casa?)			
What language does the student speak most of the time? (¿Cuál es el idioma que habla más el estudiante?)			
What language do parents/guardians speak to the student most of the time? (¿Cuál es el idioma que le hablan más los padres al estudiante?)			

What services has your child received in previous schools?

(¿Qué servicios ha recibido su hijo/a en su escuela anterior?)

_____ ESL _____ Gifted & Talented _____ Special Education _____ Speech _____ Other
(ELL) (G.T.) (Educación Especial) (Discurso) (Otro)

What grade did your child first enroll in Arkansas schools? _____

(¿En qué grado se inscribió su hijo cuando llegó a una de la escuela de Arkansas por primera vez?)

What grade did your child first enroll in any U.S. school? _____

(¿En qué grado se inscribió su hijo por primera vez en los estados unidos?)

What written language would you prefer to receive school communications (such as attendance letters, etc.)?

(¿En qué idioma prefiere recibir información escrita por parte de la escuela (tal como cartas de asistencia, etc.)?)

_____ English _____ Spanish _____ Other _____
(Inglés) (Español) (Otro)

Parent/Guardian's Signature
(Firma del padre/guardián)

Date
(Fecha)

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

College and Career Readiness Curriculum Waiver Form

(Graduating Class of 2014 and After ~ Pottsville School District requires 23 credits to graduate.)

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: Pottsville Public School
Name of School: _____

Smart Core is Arkansas's college- and career- ready curriculum for high school students.

College- and career-readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college- and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and unforeseen situations. Smart Core *is* the foundation for college- and career-readiness. All students should supplement with additional rigorous coursework within their career focus.

Successful completion of the Smart Core curriculum is one of the eligibility requirements for the Arkansas Academic Challenge Scholarship. Failure to complete the College and Career Readiness curriculum for graduation *may* result in negative consequences such as conditional admission to college and ineligibility for scholarship programs.

Parents or guardians may waive the right for a student to participate in College and Career Readiness Curriculum. By signing this College and Career Readiness Waiver Form, you are waiving your student's right to College and Career Readiness Curriculum and are placing him or her in the Core Curriculum.

CORE CURRICULUM

English – 4 units

- English 9th grade
- English 10th grade
- English 11th grade
- English 12th grade

Mathematics – 4 units

- Algebra I or its equivalent
- Geometry or its equivalent
- All math units must build on the base of algebra and geometry knowledge and skills.
** A two-year algebra equivalent or a two-year geometry equivalent may each be counted as two units of the four (4) unit requirement.

Science – 3 units

- At least one unit of Biology
- At least one unit of a Physical Science

Social Studies – 3 units

- Civics – ½ unit
- World History – 1 unit
- American History – 1 unit

Oral Communications – ½ unit

Physical Education – ½ unit

Health and Safety – ½ unit

Economics – ½ unit (may be counted toward Social Studies or Career Focus)

Fine Arts – ½ unit

Career Focus – 6 units

By signing this waiver form, I acknowledge that I have been informed of the requirements and implementation of the College and Career Readiness Curriculum and am choosing to waive the College and Career Readiness Curriculum for my child. I understand the potential negative consequences of this action as outlined on this form.

Parent/Guardian Signature/ Date

School Official Signature/ Date

ONLY COMPLETE ONE SIDE OF THIS FORM

**PLEASE INCLUDE THIS
FORM IN ENROLLMENT
PACKETS.**

POTTSVILLE SCHOOL DISTRICT



AGRICULTURAL QUESTIONNAIRE FORM

STUDENT'S NAME _____ **GRADE** _____

PARENT'S NAME (S) _____

PHONE # _____ **MESSAGE/CELL PHONE #** _____

STREET NAME _____ **HOUSE OR APT. #** _____

CITY/STATE _____ **ZIP CODE** _____

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 A 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, Butterball, 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, Hog, 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**

Thank you!



Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

- Free Lunch
- Transportation to the school of origin
- Clothing/Uniform
- School supplies
- Counseling
- Medical/dental referral
- Vision referral
- Medicaid/DSHS services – food stamps
- Preschool Enrollment records
- Missing enrollment records
- Birth certificate

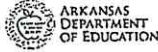
- Immunization/medical records
- Tutoring
- After-school programs
- Teen Center
- Mentoring
- Special Education
- Gifted/talented
- Vocational/technical
- Community resource
- Prior academic records
- LEP/Bilingual program
- Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date



HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

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 1.20; lunch costs K-3 1.95/4-12 2.20. **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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-2018			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Pottsville School, tara.thompson@pottsvilleschools.org or 479-968-8101
- 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 S 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 87 S B Street Pottsville AR 72858 or 479-968-8625 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, through [date]. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. **I GET WIC. CAN MY 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 976 Pine Ridge Road Pottsville AR 72858 or 479-968-8101 or 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, 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 87 S B St Pottsville AR 72858 or 479-968-8625 or Kathy.cynova@pottsvilleschools.org to receive a second application.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for Supplemental Nutrition Assistance Program (SNAP), contact your local assistance office or call 501-682-8276.

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

Sincerely,



Kathy Cynova Child Nutrition Director

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Pottsville 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 School / Kathy.cynova@pottsvilleschools.org or 479-968-8625

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 school regardless of age.

<p>A) List each child's name. Print each child's 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.</p>	<p>B) Is the child a student at Pottsville School District. Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Pottsville School District. If you marked 'Yes', write the grade level of the student in the 'Grade' column to the right.</p>	<p>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. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.</p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP (Supplemental Nutrition Assistance Program)?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)

<p>A) If no one in your household participates SNAP:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <p>Write a case number or identified for SNAP. You only need to provide one case number. If you participate in SNAP and do not know your case number or identified, contact: Poppe.Co.D@pa.gov</p> <p style="text-align: center;">Go to STEP 4.</p>
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form 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
- 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 also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children: Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your 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.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are 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.
 - Infants, Children and students already listed in STEP 1.

<p>B) List adult household members' names. 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.</p>	<p>C) Report earnings from work. 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.</p> <p><i>What if I am 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.</i></p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p>F) 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 affects your eligibility for free and reduced-price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An 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 SSN."</p>

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,

<p>B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Write today's date. In the space provided, write today's date in the box.</p>	<p>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.</p>
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REGULATIONS Sources of income

Sources of Income for Children

Source of Child Income	Example (s)
Child's earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.
Disability Security	A child is blind or disabled and receives social security benefits.
Survivor's Benefits	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly give a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Sources of Income for Adults

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

OPTIONAL Children's racial and ethnic identities

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 information 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
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 a 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.

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, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442;
email: program.inhake@usda.gov.

Parent fill out For School Use Only

School use only

Annual Income Conversion:

show calculations

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: _____

Weekly _____ X 52= _____

2x/month _____ X 24= _____

Every 2 wks _____ X 26= _____

Monthly _____ X 12= _____

Annual _____ X 1= _____