2018-2019 THE CHERRY CREEK SCHOOL DISTRICT Family Application for Free and Reduced Price Meals

PLEASE READ INSTRUCTIONS CAREFULLY. COMPLETE ONE APPLICATION PER HOUSEHOLD. USE BLACK OR BLUE INK ONLY. NO PENCIL. PRINT CLEARLY.

1 **Homeless, Migrant, Runaway:** If you believe the child you are applying for is homeless (H), migrant (M), or a runaway child (R), mark the appropriate box and call your district homeless liaison at (720) 554-4555 or migrant coordinator for status confirmation. R H M

2 If you, or someone in your household receives, SNAP (Supplemental Nutrtion Assistance Program), TANF (Temporary Assistance for Needy Families), or FDPIR (Food Distribution Program on Indian Reservations) enter the case# in the space provided and go directly to Part 3. You may skip Parts 4,7,8. **DO NOT LIST MEDICAID NUMBER OR EBT CARD NUMBER.**

CASE NUMBER

3 **STUDENT INFORMATION:** List **ONLY** the students that attend Cherry Creek School District. Provide name, date of birth, and student ID. Indicate if the student is a foster child that is the legal responsibility of a welfare agency or court. Please include student income, **IF ANY**, received by all students listed. 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.

Student Income: Income that is received from outside your household and is paid directly to your child should be reported. Refer to the Sources of Income below and report students' TOTAL GROSS income in whole dollars only and indicate appropriate pay frequency: W = Weekly, 2W = Bi-Weekly, M = Monthly, 2M = Twice a Month, A = Annual. Only count foster children's income if non-foster children are also listed.

Student's ID Number	Student's Birth Date	Student's Last Name	Student's First Name	Check if a foster child	Earnings from work before deductions INCOME:	How Often?	Welfare, child support. INCOME:	How Often?	Social Security and Other. INCOME:	How Often?
	M M D D Y Y				$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A
	M M D D Y Y				$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A
	M M D D Y Y				$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A
	M M D D Y Y				$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A
	M M D D Y Y				$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A

4 **Report Income for ALL other Household Members (including yourself): Provide TOTAL GROSS INCOME (BEFORE TAXES AND DEDUCTIONS) in whole dollars only and indicate appropriate pay frequency: W = Weekly, 2W = Bi-weekly, M = Monthly, 2M = Twice a Month, A = Annual. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.**

List the names of **ALL OTHER** household members. **DO NOT INCLUDE STUDENT(S) LISTED ABOVE.**	Earnings from work before deductions or unemployment. Fill in the appropriate pay period. INCOME:	How Often?	Welfare payments, child support, alimony. Fill in the appropriate pay period. INCOME:	How Often?	Pension, Social Security, Child SSI, permanent disability Fill in the appropriate pay period. INCOME:	How Often?	Any other income. Fill in the appropriate pay period. INCOME:	How Often?
LAST NAME, FIRST	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A
LAST NAME, FIRST	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A
LAST NAME, FIRST	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A
LAST NAME, FIRST	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A
LAST NAME, FIRST	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A	$ $ $ $ $	W 2W M 2M A

7 ENTER THE TOTAL HOUSEHOLD MEMBERS (Students and Adults from Steps 3 & 4)

SOCIAL SECURITY NUMBER/ SSN: Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form.

8 ADULT Social Security Number

I DO NOT HAVE A SSN:

5 **Release of Information-** The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect student(s)' eligibility for school meals. *Your information **WILL** be shared unless you check one of the boxes.*

- ☐ Do **NOT** share my information with any programs
- ☐ Any Enrichment, Elective, or Extracurricular Programs
- ☐ Medicaid/SCHIP
- ☐ Before & After Care

CERTIFICATION: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with 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.

SIGNATURE REQUIRED

9 X

PRINT your name in the boxes below

FIRST NAME

LAST NAME

OPTIONAL: Children's Racial and Ethnic Identities - 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

6

Mailing Address or P.O. Box | Apt# or Lot#

City | State | Zip | ( ) Daytime Telephone Number

M M D D Y Y TODAY'S DATE