

WINCHESTER CUSD #1
Student Residency Verification
(SRV1)

STUDENT NAME(s) & ADDRESS: _____

Anyone seeking to enroll a student in the Winchester CUSD #1 must provide proof of residency with a document from each of the following categories:

- CATEGORY 1**
- ___ Signed Mortgage Papers
 - ___ Current Property Tax Bill
 - ___ Current Mortgage Statement
 - ___ Signed and dated lease, along with proof of last month's payment
 - ___ Letter from landlord in lieu of lease, along with proof of last month's payment (FORM SRV-2)
 - ___ Note of residence form when parent / guardian is living with a District resident. (FORM SRV-3)

- CATEGORY 2**
- ___ IL driver's license or State issued ID
 - ___ Current Vehicle Registration
 - ___ Current Homeowners Insurance policy and proof of premium payment.
 - ___ Current Renters Insurance policy and proof of premium payment.
 - ___ Voter Registration
 - ___ Current Utility bill (gas, water, electric, cable, etc.)
 - ___ Current Public Aid card

THE SCHOOL DISTRICT RESERVES THE RIGHT TO EVALUATE THE EVIDENCE PRESENTED. MERELY PRESENTING THE ITEMS LISTED DOES NOT GUARANTEE ADMISSION.

Separate forms are available for military personnel, non-parents, and those persons with a custody order. Please ask for assistance with these circumstances.

WARNING: If a student is determined to be a nonresident, the person enrolling the student will be liable for tuition fees. A person who knowingly or willfully presents false information regarding residency for the purpose of enabling the student tuition-free attendance is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

SIGNATURE OF PARENT / GUARDIAN

Staff Member Verification _____
Date _____

Winchester Community Unit School District #1 / 2019-2020

Winchester Grade School / Winchester High School

Student's name: _____ Grade: _____

HANDBOOK; BUS RULES & EXTRACURRICULAR CODE OF CONDUCT VERIFICATION

- We have received, reviewed, and we agree to abide by the rules stated in the **2019-20** Winchester Grade/High School Student Handbook which includes the bus rules and the Winchester/Bluffs School Extracurricular Code of Conduct. *A copy of the handbooks is on our website (www.winchesterschools.net). You will receive your handbook at registration, unless you are out of district - please refer to website or you can call the office and request a copy.*

MILITARY CHILDREN

- This information will help identify Illinois Military Families. Please take a few moments to answer these voluntary questions. Your participation will help schools get US Department of Defense assistance for children struggling with their parent(s)/guardian(s) military deployment.

Does your child(ren)'s parent/guardian serve in the military including National Guard or Reserve? **YES** or **NO**

Is the parent/guardian currently serving on active duty or expect to be deployed this year? **YES** or **NO**

Has the parent/guardian returned from deployment in the last 6 months? **YES** or **NO**

INSURANCE WAIVER

- I request that my child will not be required to carry student insurance because of the insurance carried by the parents. We are covered by _____ (Name of Insurance Company) and the policy number is _____ (required). I hereby waive any liability against the Community Unit School District # 1 because of any injury that might occur while participating in any school activity.

PARENTAL WAIVER FOR SCHOOL-PROVIDED TRANSPORTATION - (WHS ONLY)

- I release Winchester CUSD #1 and the West Central Cougars Athletic Cooperative from any liabilities due to my decision to allow my child _____ to obtain alternative transportation to and from **West Central Cougar (WCC) Practices**. This alternative transportation may include driving his/her own vehicle, riding with family and/or friends, and riding with other student athletes. I understand that school officials and employees cannot monitor the means of this alternative transportation. I further understand this waiver *does not apply to "away" contests*, as all team members are required to ride in school vehicles to these events.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Student Cell Number: _____

COMMUNITY UNIT SCHOOL DISTRICT #1

ANNUAL MEDICAL UPDATE 2019-2020

A health history update on your child is needed each year so that the Winchester Schools staff will be aware and prepared to meet any medical emergency that may occur. Confidentiality will be of high priority, but information may need to be shared with staff to assure everyone will know what care is to be given if any of the below conditions occur.

Student's Name (Please Print)

Grade

Does your child have asthma as diagnosed by a physician? YES or NO If yes, please provide us with an Asthma Action Plan provided from your physician.

Is your child allergic to any medication, food, or insects (Bees)? YES or NO If yes, please list care required _____

Does your child take daily medication that WILL need to be given at school? YES or NO

Please list any other health conditions/concerns you have for your child such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems or any chronic conditions, etc.

EXPLANATION: _____

PHYSICIAN(S): _____

*******For Authorization to receive over the counter medication at school, complete the OTC document. If your child required prescription medication, an epi pen, or an inhaler, you will need to complete the proper paperwork.*******

I, the undersigned, do hereby authorize officials of Winchester School District to contact directly the person named above and do authorize the name physician to render such treatment as may be deemed necessary in an emergency, for the health of my child. In the event the physician, contracts given; or parents cannot be contacted, the school's officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I also agree to authorized Scott County Health Department to release immunization records and lead screening results of my child(ren) to the Winchester School District.

Signature of Parent/Guardian: _____

Date: _____

MEDIA RELEASE FORM
Bluffs Community Unit School District #2
Winchester Community Unit School District #1
 (both schools are used for co-op sports)
School Year 2019 - 2020

SCHOOL (circle one)	WHS	WGS	Bluffs											
GRADE (circle one)	P	K	1	2	3	4	5	6	7	8	9	10	11	12

Student's Last Name

First Name

Middle

Please check any publication below which you **WILL NOT ALLOW** your child to appear in. If you allow your child to appear in all of the areas below, don't check anything. **A parent signature is required.**

_____ School Yearbook

_____ School Newspaper / Newsletter

_____ School Webpage / Name

_____ School Webpage / Picture

_____ Marquee Sign (Winchester CUSD #1)

_____ School Endorsed Webpage / Social Network

_____ Jacksonville and/or Other Regional Newspapers

_____ Regional Television / Radio

_____ College / University classroom videotaping for the purpose of supporting Student Teacher credentials.

_____ Classroom teacher videotaping for the purpose of student skills assessment.

Should the student named above be in a Co-Op sports program with Bluffs and Winchester school districts, I allow my student's picture/name to be used in accordance with Bluffs Schools' website and Winchester Schools' website and other media sources as indicated above.

Parent/Guardian Signature: _____

**Winchester School District Student Internet and Computer Use Permission Form
For the 2019-2020 School Year**

Class/Grade _____

Student Name _____
(please print)

I have read the Internet Use Policy and the Computer Use Policy and am familiar with class Internet use procedures. I understand and agree that the district may monitor all of my Internet and computer usage on district computers. I agree to abide by these rules and understand that my violation of them will result in appropriate sanctions and/or disciplinary actions.

Home Room Teacher (**WGS only**) _____

Student Signature _____

Date _____

Parent/Guardian Name _____
(please print)

I have reviewed the attached policies for Internet and computer usage with my student, and I understand and agree that violation of the policies will result in appropriate sanctions and/or disciplinary actions. I also agree that the district may monitor all Internet and computer usage by my student. I give my permission for my student to have access to the Internet and computers at Winchester Community Unit School District #1.

Parent/Guardian Signature _____

Date _____



IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.

**COMMUNITY UNIT SCHOOL DISTRICT NO. 1
149 S. ELM STREET
WINCHESTER, IL 62694**

Please complete this form, including the names of all your children, both school age and younger.

Those students who are eligible for bus service will be contacted by their bus driver prior to the start of school. Any questions or concerns regarding transportation may be directed to the Transportation Director at **(217) 742-5260**.

Thank you for your cooperation.

PLEASE LIST YOUR SCHOOL AGE AND PRESCHOOL AGE CHILDREN

Father's Name _____

Address _____

Phone Numbers (home) _____ (work) _____

Mother's Name _____

Address _____

Phone Numbers (home) _____ (work) _____

Emergency Contact & Phone Number _____

NAME OF CHILDREN	CHILD'S BIRTHDATE (M/D/YYYY)	Grade
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Eligible for bus transportation? YES _____ NO _____

If student(s) rode bus last year, list bus number & driver: _____

Dear Parent/Guardian:

Children need healthy meals to learn. CUSD# 1 offers healthy meals every school day. Breakfast costs \$ 1.50 ; lunch costs for K-3rd grade \$ 2.25 and 4th thru 12th grade \$ 2.50 . Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your child's school office.

Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Federal Income Eligibility Guidelines (Effective from July 1, 2019 to June 30, 2020)					
Household Size	Reduced-Price Meals (185% Federal Poverty Guidelines)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional family member, add	8,177	682	341	315	158

- 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 Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
- WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
- WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- 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 contact your school.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 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 the enclosed application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- 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.
- 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 the person listed above.
- 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.
- 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.
- 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.
- 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 zeros. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 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.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See Instructions for All Other Households.

Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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

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, 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. This institution is an equal opportunity provider.

1. All Household Members (Attach another sheet of paper if necessary.)

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS
First, Middle Initial, Last

(for Student only)
School Name

(for Student only)
Grade

SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income.

Check if Foster Child*

Names of All Household Members	School Name	Grade	SNAP or TANF Case Number	Check if Foster Child*
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

* A foster child is the legal responsibility of a welfare agency or court.

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____

Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box.

X X X - X X - _____
Social Security Number

I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date _____

Printed Name of Adult Household Member _____

Signature of Adult Household Member _____

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____

Home Telephone Number (Include Area Code) _____

Home Address (Number, Street, City, State, Zip Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

- Hispanic/Latino
 Not Hispanic/Latino

Mark one or more racial identities:

- Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native

- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY -

INITIAL DETERMINATION

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

- Free based on:
 homeless migrant runaway Head Start
- Reduced based on:
 household's income
- SNAP or TANF
 foster child
 household's income
- Denied—Reason:
 income too high
 incomplete application
 Non-qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official _____

Date: _____