

INSTRUCTIONS FOR APPLYING

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 Choice Academies Inc. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact [Ms. Maddox, 602-938-5517 ext. 105, dmaddox@choiceacademies.org]

Please **use a pen (not a pencil)** when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and go directly to STEP 4.

If No- Leave this section blank and **go to STEP 3.**

STEP 3- HOUSEHOLD INCOME INFORMATION

- A. Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total 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. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

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.

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

B. Adult Household Members and Income- 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 STEP1.** List one name per line, and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

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) <p>For military families:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) • Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Workers 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 • Income from trusts or estates • Annuities • Investment Income • Earned Interest • Rental Income • Regular cash payments from outside household

The back of this application provides the same Sources of Income charts.

C. Total number of household members and SSN.

Report the total number of people in your household (all adults and children) in the one box.

Report the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4- Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address 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 providing it helps us reach you quickly if we need to contact you.

Once the form is completed, it should be mailed, or delivered to [Choice Academies Inc. 2323 W. Parkside Lane, C/O Ms. Donna Maddox, Phoenix, AZ. 85027.

OPTIONAL INFORMATION

The back of this application provides a section for 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.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

This institution is an equal opportunity provider.

ESEA Income Eligibility Guidelines

Effective from July 1, 2017 to June 30, 2018

Arizona	Indicator 1 Federal Poverty Guidelines, 100%						Indicator 2 Reduced Price Meals						
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly		Yearly	Monthly	Twice per month	Every 2 weeks	Weekly		
Household Size													
1	\$15,678	\$1,307	\$654	\$603	\$302		\$22,311	\$1,860	\$930	\$859	\$430		
2	\$21,112	\$1,760	\$880	\$812	\$406		\$30,044	\$2,504	\$1,252	\$1,156	\$578		
3	\$26,546	\$2,213	\$1,107	\$1,021	\$511		\$37,777	\$3,149	\$1,575	\$1,453	\$727		
4	\$31,980	\$2,665	\$1,333	\$1,230	\$615		\$45,510	\$3,793	\$1,897	\$1,751	\$876		
5	\$37,414	\$3,118	\$1,559	\$1,439	\$720		\$53,243	\$4,437	\$2,219	\$2,048	\$1,024		
6	\$42,848	\$3,571	\$1,786	\$1,648	\$824		\$60,976	\$5,082	\$2,541	\$2,346	\$1,173		
7	\$48,282	\$4,024	\$2,012	\$1,857	\$929		\$68,709	\$5,726	\$2,863	\$2,643	\$1,322		
8	\$53,716	\$4,477	\$2,239	\$2,066	\$1,033		\$76,442	\$6,371	\$3,186	\$2,941	\$1,471		
For Each Additional Household Member, Add:	+ \$5,434	+ \$453	+ \$227	+ \$209	+ \$105		+ \$7,733	+ \$645	+ \$323	+ \$298	+ \$149		

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <i>outside</i> the household	A friend or extended family member <i>regularly</i> gives a child spending money.
Income from any other source	A child receives 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
- 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	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - 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

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), 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.

2017-2018 Application for Free and Reduced Price School Meals

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

STEP 1

List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered YES > Complete STEP 3. If you answered NO > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income	How often?	
	Weekly	Bi-Weekly / 2x Month
\$	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work		Public Assistance/ Child Support/Alimony		Pensions/Retirement/ All Other Income	
	Weekly	Bi-Weekly / 2x Month	Weekly	Bi-Weekly / 2x Month	Weekly	Bi-Weekly / 2x Month
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>

C. 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

Contact information and adult signature Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

OFFICE USE ONLY

Eligibility: Free Reduced Denied Date: _____

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Monthly Annual

Household Size: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Total Income: _____ Date: _____

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Signature of adult completing the form Today's date _____

Printed name of adult completing the form Daytime Phone and Email (optional) _____

Street Address (if available) Apt # _____ City _____ State _____ Zip _____

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 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.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Eagles Nest**.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Kindergarten Enrichment**.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Sports and After School Activities**.

- No! I Do Not** want information from my Application for Free and reduced-Price School Meals shared with any of these programs.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Ms. Maddox** at **602-938-5517 ext. 105** or e-mail at **dmaddox@atbchoice.org**.

Return this form to: **Ms. Maddox, 16635 N. 51st. Ave. Glendale, Arizona 85306** .