

MCS D 2021-2022 Household Application for Free and Reduced-Price School Meals

Apply online at www.mcsd.org

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

STEP 1 List ALL Students' attending Montrose County Schools (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date					Grade	}	Foster Head						
			M	M	D	D	Y			Y	Child	Start	Runaway	Homeless	Migrant	

Check all that apply. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

<input type="text"/> SNAP Case Number	<input type="text"/> TANF Case Number	<input type="text"/> FDPIR Case Number
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STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. Student Income
Please include the **TOTAL** income, if any, received by all students listed above.

Student Income \$ <input type="text"/>	<table border="1" style="font-size: 0.8em;"> <tr><th colspan="5">How Often?</th></tr> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>2x Month</td> <td>Monthly</td> <td>Annually</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	How Often?					Weekly	Bi-Weekly	2x Month	Monthly	Annually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How Often?																
Weekly	Bi-Weekly	2x Month	Monthly	Annually												
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>												

B. All Other Household Members (including yourself)
In the spaces below list all other 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 GROSS INCOME (BEFORE TAXES AND OTHER 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 that there is no income to report.

Names of All Other Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Child Support/Alimony	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members **Last four digits of Social Security Number (SSN) or mark "no SSN"** of adult signing this form only if Step 3B has been completed. **XXX-XX-** **Check box if no SSN**

STEP 4 Contact information and adult signature. Mail signed and completed application to: Your student'

"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."

<input type="text"/>	CO	<input type="text"/>	<input type="text"/>
Mailing Address or PO Box	Apt. # or Lot #	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home or Cell Phone Number	SIGNATURE of Adult Household Member (Required)		Printed First and Last Name of Signer
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		Today's Date
<input type="text"/>	<input type="text"/>		<input type="text"/>

STEP 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 State Children's Health Insurance Program (SCHIP) offices. If your students are eligible to receive free or reduced-price meals this information may be shared with the school/district for purposes of waiving 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 your student(s) eligibility for school meals. **Your information WILL be shared unless you check one of the boxes below.**

Do NOT share my information with any programs
 Do NOT share my information with the programs I have checked:

Medicaid/SCHIP
 Advanced Placement (AP) Exam and/or (AP) Book Fees
 Accelerate College Opportunity Exam and/or Book Fees
 List Specific Program
 List Specific Program

See back of application

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

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for **food stamps**
- Referrals to **food pantries** and free meals
- Get information on child and senior **nutrition programs**

Food Resource Hotline

CALL US TODAY!

STATEWIDE, TOLL-FREE **855-855-4626**

METRO DENVER **720-382-2920**

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las **estampillas de comida**
- Derivaciones a **bancos de comida** y comidas gratis
- Obtenga información sobre **programas de nutrición** para niños y ancianos

¡LLÁMENOS HOY!

LÍNEA ESTATAL **855-855-4626**

METRO DENVER **720-382-2920**




HungerFreeColorado.org



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs.

Visit coloradopeak.force.com to learn more.

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 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 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.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Application Type: <input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____ Household Income Frequency - <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Categorical Eligibility - <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> TANF <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway/Head Start	Application Status: Approved - <input type="checkbox"/> Free <input type="checkbox"/> Reduced Denied - <input type="checkbox"/> Over Income Guidelines <input type="checkbox"/> Incomplete/Missing: _____ Notes: received: _____
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Determining Official Signature: _____	Approval/Denial Date: _____	Notification Sent: _____
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