



UPK Registration Packet

Welcome to the Cohoes City School District!

Registration for all children entering the Cohoes City School District is **by appointment only** and occurs at the District's Main Office located at **7 Bevan St Cohoes, NY 12047**. You can call **518-237-4131 ext. 2299** to schedule an appointment.

Please complete this packet and have all required documentation prior to scheduling an appointment with the registration office.

A parent/legal guardian must be present at the time of registration.

PARENTS MUST PROVIDE THE FOLLOWING ALONG WITH THE PACKET TO COMPLETE REGISTRATION:

- Parent/Legal Guardian photo ID.**
- Proof of Age** (any of the following): Birth Certificate, Passport, or Baptismal Certificate
- (2) Proofs of residency:** A list of acceptable documents can be found on the Proof of Residency form.
- Proof of Immunization and a Physical:** Must be signed or stamped by a State Licensed health care provider. Proof may be faxed to (518)833-7009 directly from the physician's office.
- Custody papers**(if applicable)
- Individualized Education Plan (if applicable) and Academic Records**
**All academic records must be received from previous school before a HS schedule can be made.*

If any of the above documents are unavailable the school district may consider other forms upon approval.

<u>3 Year old UPK Sites</u>	<u>4 Year old UPK Sites</u>
Abram Lansing Elementary: (518) 237-5044 X3120 Van Schaick Elementary: (518) 237-2828 X4116	Abram Lansing Elementary: (518) 237-5044 X3120 Van Schaick Elementary: (518) 237-2828 X4116 Harmony Hill Elementary: (518) 233-1900 X5221

Jacqueline DeChiaro, Van Schaick Grade School Principal and UPK Administrator, 518-237-2828
Tammy DiCocco, UPK Coordinator, 518-237-7523

UPK openings are contingent on state funding. If there are more applications than allotted openings, all completed applications will be placed in a lottery. Applications not initially selected will be placed on a waiting list and called when space becomes available.

Arrival- 8:30-8:50AM

Dismissal-2:30PM

***Cohoes City School District does not provide transportation.**



Residency Questionnaire

Student Name: _____ Gender: M F Date of Birth: _____ Grade: _____

Physical Address: _____ City/State/Zip: _____ Phone: _____

McKinney-Vento Assistance Act

The answers you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In an emergency or transitional shelter
- With another family or other person due to a loss of housing or economic hardship
- With an adult who is not a parent or guardian or alone without an adult
- In a hotel/motel
- In a car, park, bus, train, campsite, public place, abandoned building
- Other temporary living situation(Please describe): _____
- Student is in permanent housing**

If student is in **permanent housing** please sign below and **fill out the Residency Form on the next page.**

If **any of the other boxes were checked** please sign below and you will need to **fill out a Designation Form (STAC 202)** which the school will provide you.

Print: _____ Signature: _____ Date: _____
Parent, Guardian, or Student (unaccompanied homeless youth) Parent, Guardian, or Student



Residency Form

Parent/Guardian: _____	Student(s) Names: _____ Grade: _____
Relationship to student(s): _____	_____ Grade: _____
Physical Address: _____	_____ Grade: _____
City/State/Zip: _____	_____ Grade: _____

Please check one: Own Rent Reside with a district resident

***When you registrar OR move within the Cohoes City School District, you are required to provide the school district with Proof of Residency. Post office boxes will not be accepted.**

To enroll you must reside in the school district. Solely owning property or a home does not constitute residency.

You must provide at least two (2) proofs from the following list

(Your name and address must be indicated on these documents and current)

***If an ROP is provided no other proof is necessary.**

If you Own	If you Rent	Reside with a district resident
<input type="checkbox"/> Tax Bill <input type="checkbox"/> House Deed <input type="checkbox"/> Mortgage Statement w/in 30 days <input type="checkbox"/> Current Homeowner's Insurance <input type="checkbox"/> Current Drivers' License <input type="checkbox"/> Utility Bill w/in 30days <input type="checkbox"/> A record of voter registration	<input type="checkbox"/> *Residential Occupancy Permit (ROP) <div style="margin-left: 20px;"> Can be obtained from City Hall 518-233-2127, landlord, or a form can be signed at the time of registration. </div> <input type="checkbox"/> Documents issued by the federal, state Or local agencies. <input type="checkbox"/> Utility Bill w/in 30 days <input type="checkbox"/> Lease agreement (must be signed with landlords name and phone number) <input type="checkbox"/> Current Renter's Insurance <input type="checkbox"/> Cohoes Housing Authority	<input type="checkbox"/> Notarized letter from the district resident <u>along with the resident's proof of ownership (house deed, tax bill, or mortgage statement).</u> *A residency check will be done by a school representative as well. -----Office Use ----- Date of HV: _____ <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified

Once this form and documents is received by the District, residency will be verified.

Parent/Guardian Signature	Date	Approved by: Signature	Date



UPK Student Registration Form

Registration Date: _____

Student Information

Student's Name: _____
First Middle Last

Birth Date: _____ Age: _____ Gender: Male Female Grade: UPK

Home Phone: _____

Residential Address: _____
Street Apt# or Floor

_____ City State Zip

Mailing Address
 (if different than above): _____

Is your child toilet trained?
 Yes No

Does your child have an IEP (Individual Education Plan)?
 Yes No

1.) **Ethnicity** – *Check those which apply.*
 Hispanic Not Hispanic

2.) **Race** – *Check all those which apply.*
 American Indian or Alaska Native Asian
 Black or African-American White
 Native Hawaiian or other Pacific Islander

Parent/Guardian Information

Student Resides With: Parents Mother Father Foster Parents (please attach form DSS-2999) Other: _____

Are there Legal Arrangements? No Yes (if yes, please provide court documents) | Joint Custody Sole Custody Temporary Custody Visitation

Primary Parent/Guardian Name: _____ **Relationship to child:** _____ **Active Military:** Yes No

Home Phone: _____ Cell Phone: _____ Workplace: _____ Work Phone: _____

E-Mail Address: _____

Parent/Guardian Name: _____ **Relationship to child:** _____ **Active Military:** Yes No

Home Phone: _____ Cell Phone: _____ Workplace: _____ Work Phone: _____

E-Mail Address: _____

Home Address (If different than student's): _____ **Receives Mail:** Yes No

Household Information

List all <u>Children</u> residing at residence	Gender	Birthdate	Grade	School

-----Go on to next page-----

For Office Use Only

Documents provided to the district:

- | | | |
|---|---|--|
| <input type="checkbox"/> Photo ID
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Physical
<input type="checkbox"/> Dental Certificate
NOTES: | Proof of Residency:
<input type="checkbox"/> Deed or Tax Bill
<input type="checkbox"/> Utility bill
<input type="checkbox"/> Driver's License
<input type="checkbox"/> ROP | Custody Papers:
<input type="checkbox"/> Cohoes Housing Authority
<input type="checkbox"/> Notarized letter and home visit
<input type="checkbox"/> Other _____
<input type="checkbox"/> Signed Lease <input type="checkbox"/> STAC <input type="checkbox"/> Free/Reduced |
|---|---|--|

Student ID # _____

Grade: _____ VS AL HH

Referrals: CSE ELL

Stamp Date: _____

Registrar Signature: _____



UPK Student Registration Form

Emergency Contact

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Special and/or Medical Needs

Please check any services that your child receives:

Individualized Education Plan (IEP)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Occupational Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Physical Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Speech or Language	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Behavior	<input type="checkbox"/> No	<input type="checkbox"/> Diagnosed: _____		<input type="checkbox"/> Concerns: _____
Emotional	<input type="checkbox"/> No	<input type="checkbox"/> Diagnosed: _____		<input type="checkbox"/> Concerns: _____

Has your child previously attended preschool? No Yes (If yes please list the school (s) below)

School Name	Year(s) of Attendance	Grade	City, State
		PS	

Photo Release

Yes No I hereby grant the Cohoes City School District the absolute right and permission to use, reuse, copyright, and/or publish original student work, photographic pictures or video footage which includes/references me and/ or my children, in conjunction with an actual or a fictitious name. I understand this will be for the purpose of illustration, promotion, and public relations of school programs and may appear in printed material, video presentation, news coverage (both print and television) and/or on the district's web site.

Student Record Updates

It is very important that the school district receive updates to any of the information provided in this Student Registration Packet. Please contact the school your student is attending with new or changed information and submit the Change of Information form, which can be found at www.cohoes.org or at your child's school, with supporting documents.

PARENT CERTIFICATION AND SIGNATURE

By signing this form, I acknowledge the responsibility of providing the district with accurate information.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date



Student Registration Form

New York State Education Law requires all NEW ENTRANTS and students in Pre-K or K, 2nd, 4th, 7th and 10th grades to have a physical exam. The District strongly recommends that your own physician conduct your child's health physical because he/she is most familiar with your child's development. We ask that your physician use the Health Appraisal form provided by the school or their own form and have it at the time of registration or return it to the school nurse of the building your child will attend. **If a physical form from your doctor/pediatrician is not returned within 30 days, your child will have to be examined by the school physician.**

A law was recently enacted that expands health screenings to include dental health of students in New York. The school can provide a certificate for you to take to your child's dentist and once it is completed, it should be returned to the School Nurse.

***Both the Health Appraisal Form and Dental Certificate can be printed from www.cohoes.org/studentregistration.**

Thank you for your cooperation in this new health endeavor. Our students benefit when we work together to promote the health and achievement of all students.

Medical/ Health Information

Health History- If your child has had any of the following health problems or disease, please check below.

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Allergies ___Animals ___Bees ___Food: _____ ___Medications: _____ ___Seasonal ___Other <input type="checkbox"/> Anemia <input type="checkbox"/> Anxiety <input type="checkbox"/> Asthma	<input type="checkbox"/> Bone/Joint/Muscle Problems <input type="checkbox"/> Blood Disorders <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Concussion, <i>date:</i> _____ <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Heart Disease or Murmur <input type="checkbox"/> Hepatitis <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Leukemia <input type="checkbox"/> Lyme Disease, <i>date:</i> _____ <input type="checkbox"/> Migraines <input type="checkbox"/> Speech Problems <input type="checkbox"/> Strep <input type="checkbox"/> Surgery/Hospitalizations: _____	<input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Serious Injuries <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Vision Problems Last Vision Exam: _____ Glasses: ___Yes ___No
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Other Health Issue: _____

Comments: _____

***Please be aware that ANY medication taken in school requires a written order from a physician and written permission form a parent/guardian. (This includes over the counter/non-prescription medications)**

For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school **immediately** if any of the emergency numbers or contacts you provided change. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

Your signature below allows us to share pertinent medical information in written form (name, diagnosis, symptoms of condition, proper treatment and actions for staff to take if necessary) with school staff. Also, please indicate whether your child will be wearing Medic-Alert information.

If you have any questions or concerns, please call your child's school Health Office.

Abram Lansing: Sandra Tessier, 237-5044 Ext. 3104
Harmony Hill: Lisa Leblanc, 233-1900, Ext. 5225
Van Schaick: Rachel Marer, 237-2828, Ext. 4106

Cohoes Middle School: Cheryl Barber, 237-4131, Ext. 2111
Cohoes High School: Alexandra Beaury, 237-9100, Ext. 1410

Parent/Guardian Signature

Date



Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
PARENT/PERSON IN PARENTAL RELATION INFO:		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	
		<i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
Cohoes City School District (010500010000)	
7 Bevan St Cohoes, NY 12047	
<i>District Name (Number) & School</i>	<i>Address</i>

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

_____ <i>Signature of Parent or of Person in Parental Relation</i>	Month: _____	Day: _____	Year: _____
_____ <i>Date</i>			
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

Date Withdrew _____

F ___ R ___ D ___

2017-2018 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call 518-237-9100 Ext. 1412, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to: Cohoes City School District
1 Tiger Circle, Cohoes NY 12047**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all 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 income for each source in whole dollars only. If they do not receive income from any other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

I do not have a SS# <input type="checkbox"/>
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*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals complete only one application for your household using the instructions below. Sign the application and return the application to Cohoes High School, 1 Tiger Circle, Cohoes NY 12047.

If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: 518-237-9100 Ext 1412. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: 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.

DISCRIMINATION COMPLAINTS

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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.