

Dear Parent/Guardian:

Children need healthy meals to learn. **Central Columbia School District** offers healthy meals every school day. Breakfast costs \$ **1.60**; lunch costs **\$2.65 in the Elementary School and \$2.80 in the Middle School and High School. Your child(ren) may qualify for free meals or for reduced price meals.** Reduced price is \$ **.30** for breakfast and \$ **.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Your children may qualify for free or reduced price meals/milk if your household income falls at or below the limits on this chart.

| Household size          | Annual | Monthly | Weekly |
|-------------------------|--------|---------|--------|
| 1                       | 22,311 | 1,860   | 430    |
| 2                       | 30,044 | 2,504   | 578    |
| 3                       | 37,777 | 3,149   | 727    |
| 4                       | 45,510 | 3,793   | 876    |
| 5                       | 53,243 | 4,437   | 1,024  |
| 6                       | 60,976 | 5,082   | 1,173  |
| 7                       | 68,709 | 5,726   | 1,322  |
| 8                       | 76,442 | 6,371   | 1,471  |
| Each additional person: | 7,733  | 645     | 149    |

2. 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 call or e-mail Christina Fish at [cfish@ccsd.cc](mailto:cfish@ccsd.cc) or phone 570-784-2850.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? **No.** Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Kimberly Mac Donald, 4777 Old Berwick Rd. Bloomsburg, PA 17815.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? **No,** but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Kimberly Mac Donald at 570-784-2850 or [kmacdona@ccsd.cc](mailto:kmacdona@ccsd.cc)** immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.ccsd.cc](http://www.ccsd.cc) or Visit the PA Department of Human Services website at [www.compass.state.pa.us](http://www.compass.state.pa.us).
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? **Yes.** We may also ask you to send written proof of the household income you report.
9. 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.
10. 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: **Harry Mathias 4777 Old Berwick Rd. Bloomsburg, PA 17815 or 570-784-2850.**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? **Yes.** You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. 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.
13. 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 zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Kimberly Mac Donald at [kmacdona@ccsd.cc](mailto:kmacdona@ccsd.cc) or 570-784-2850** to receive a second application.
16. MY FAMILY NEEDS MORE HELP, ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits visit [www.compass.state.pa.us](http://www.compass.state.pa.us), contact your local assistance office or call 1800-692-7462.

If you have other questions or need help, call 570-784-2850.

Sincerely,



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, (AD-3027) found online at, [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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# HOW TO APPLY FOR FREE AND REDUCED PRICE MEALS or THE SPECIAL MILK PROGRAM

Please use these instructions to help you fill out the application for free or reduced price meals. You only need to submit one application per household, even if your children attend more than one school in Central Columbia School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these step-by-step instructions beginning with **STEP 1!** Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Kimberly Mac Donald.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many children live in your household. They do NOT have to be related to you to be a part of your household. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
  - In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start.
- A) List each child's name. Print each child's name. Use one line of the application for each child. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, finish completing STEP 1, then proceed to STEP 3.
- C) Are any children homeless, migrant, runaway, or Head Start? If you believe any child listed in this section meets this description, mark the corresponding box next to the child's name and complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)?

- A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your application.
- B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the nine-digit case number. You only need to write one case number. You must provide a case number on your application if you circled "YES". Skip to STEP 4.

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (EVEN IF THEY DO NOT RECEIVE INCOME).

- A) REPORT ALL INCOME EARNED OR RECEIVED BY CHILDREN. For ALL children listed in STEP 1, report the combined gross income in the box "Child Income" and check how often the income is received.
- B) LIST ALL HOUSEHOLD MEMBERS (including yourself) who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do not include children listed in STEP 1.
  - Do not include people who live with you but are not supported by your household's income AND do not contribute income to your household.
- C) REPORT TOTAL INCOME for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
- Report all amounts in GROSS INCOME ONLY. Gross income is the total income received before taxes; many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
  - What if I am self-employed? Report income as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- D) REPORT TOTAL HOUSEHOLD SIZE. Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- E) PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER. The household's primary wage earner or another adult household member must provide the last four digits of his/her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that adult household member is promising all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the Privacy Act Statement and Non-discrimination Statement at the bottom of these instructions.

- A) **PRINT AND SIGN YOUR NAME.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."
- B) **WRITE TODAY'S DATE.** In the space provided, write today's date in the box.
- C) **PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price meals. Sharing a phone number, email address or both is optional, but helps us reach you quickly if we need to contact you.
- D) **SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom of the application, we ask 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 meals.

### **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.

### **Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

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](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) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)**

| Child's First Name | MI | Child's Last Name | Grade<br>Enter #13 for Head Start | Student?<br>Yes No | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|-----------------------------------|--------------------|--------------|----------------------------|
|                    |    |                   |                                   |                    |              |                            |
|                    |    |                   |                                   |                    |              |                            |
|                    |    |                   |                                   |                    |              |                            |
|                    |    |                   |                                   |                    |              |                            |

Check all that apply

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?**

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: \_\_\_\_\_  
Write only one 9 digit 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 or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child's Name: \_\_\_\_\_

How often?  
Weekly B-Weekly 2x Month Monthly

\$ \_\_\_\_\_

**B. All Adult Household Members (including yourself)**  
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 gross income (before taxes) for each source in whole dollars (no cents) only.  
If no income is received 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) | Earnings from Work |          |          | Public Assistance/ |        |        | Pensions/Retirement/<br>All Other Income |          |         | How often? |          |          |         |
|--|--------------------|----------|----------|--------------------|--------|--------|--|----------|---------|------------|----------|----------|---------|
|  | Weekly             | B-Weekly | 2x Month | Monthly            | Annual | Weekly | B-Weekly                                 | 2x Month | Monthly | Weekly     | B-Weekly | 2x Month | Monthly |
|  |                    |          |          |                    |        |        |  |          |         |            |          |          |         |
|  |                    |          |          |                    |        |        |  |          |         |            |          |          |         |
|  |                    |          |          |                    |        |        |  |          |         |            |          |          |         |
|  |                    |          |          |                    |        |        |  |          |         |            |          |          |         |
|  |                    |          |          |                    |        |        |  |          |         |            |          |          |         |

Total Household Members (Children and Adults) \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member \_\_\_\_\_ X X X X Check if no SSN

**STEP 4 Contact Information and adult signature**

**MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL**

I hereby (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.

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult signing the form \_\_\_\_\_ Signature of adult \_\_\_\_\_ Today's date \_\_\_\_\_

**INSTRUCTIONS Sources of Income**

| Sources of Income for Children            |   |
|---|---|
| Sources of Child Income                   | Example(s)  |
| - Earnings from work                      | - A child has a regular full or part-time job where they earn a salary or wages                 |
| - Social Security                         | - A child is blind or disabled and receives Social Security benefits                            |
| - Disability Payments                     | - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits |
| - Survivor's Benefits                     | - A friend or extended family member regularly gives a child spending money                     |
| -Income from person outside the household |   |
| -Income from any other source             | - A child receives regular 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  |
| <ul style="list-style-type: none"> <li>- Gross Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> <li>- Reporting Annual Income is allowable for seasonal or self-employment</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul> | <ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul> | <ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul> |

**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.

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mail:  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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\* All Household Applications must be returned to your child's school for processing.

**Do not fill out For School Use Only**

Annual Income Convention: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  West,  Every 2 Weeks,  Twice A Month,  Monthly,  Early, \_\_\_\_\_ Household Size: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Eligibility:  Free  Reduced  Demed Reason: \_\_\_\_\_  Categorically Eligible  Other Source Categorically Eligible  Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature (cannot be the Determining Official) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Employee Completing Verification \_\_\_\_\_ Date: \_\_\_\_\_