

2020-21 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

BELLEVUE SCHOOL DISTRICT

For faster processing please consider applying online: www.bsd405.org/freeandreduced

Complete, sign, and return this application to: Bellevue School District • Nutrition Services • 12037 NE 5th St • Bellevue, WA • 98005

Check here if you received meal benefits last year:

Homeless

Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<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"/>	<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"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food

TANF

Food Distribution Program on Indian Reservations (FDIPR)

Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Income Frequency				Public Assistance/ Child Support/ Alimony	Income Frequency				Pensions/ Retirement/ Social Security (SSI)	Income Frequency				Any Other Income Not Already Listed	Income Frequency			
			Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly
	<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"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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"/>	<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"/>	<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"/>

4. Total Household Members (include all people living in your household):

Last Four Digits of Social Security Number (SSN) of

Check if no SSN:

(total listed must equal number of household members listed above)

Primary Wage Earner or Other Household Member

5. Contact Information & Signature – Complete, sign, and return this application to:

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.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State & Zip Code

Daytime Phone

Date

6. Children’s Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)’s eligibility for free & reduced-price meals.

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

7. Other Benefits – Please check the box in front of the programs that you wish to share your child’s free or reduced price meal status with in order to qualify for a reduction in fees or services:

- Family Connections/Human Services Center: Connects families with information about support services and resources in the community such as the Backpack Program, Operation School Bell, Backpack Meals, and Shoes that Fit.
 Fee Waiver Program: Offers discounted fees for eligible school items such as ASB & club membership dues, athletic fees, transportation costs for clubs, course fees & supplies, IB & AP test fees, transcripts and Summer School.
 Nurses/Health Services: Connect families with Vision Support coupons.

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

Parent/Guardian Signature

Date

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 (Basic Food), 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 the 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, 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 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.

This institution is an equal opportunity provider.

Bellevue School District’s Non-Discrimination Statement: The Bellevue School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator: Jeff Lowell, (425) 456-4010 or lowellj@bsd405.org;

Section 504/ADA Coordinator: Heather Edlund, (425) 456-4156 or edlundh@bsd405.org;

Civil Rights/Nondiscrimination Compliance Coordinator Alexa Allman, (425) 456-4040 or allmana@bsd405.org.

Mailing address for all three: 12111 NE 1st Street, Bellevue, WA 98005.



2020-21 Consent to Share School Meal Eligibility Information with Other Programs

If your student(s) qualifies for free or reduced-price school meals, they may be eligible for additional services or reduced fees to participate in other school programs. **Parents or Legal Guardians must annually give their consent to share school meal eligibility information with other school officials for students to qualify.**

Step 1: Check the box for the program(s) that you consent to share school meal eligibility information with.

Check to participate	School Program	Program description:
<input type="checkbox"/>	Family Connections /Human Services Center	Connects families with information about support services & resources in the community such as the Backpack Program (school supplies); Operation School Bell (clothing); Breaktime-Mealtime, Backpack Meals (food); and Shoes that Fit.
<input type="checkbox"/>	Fee Waiver Program	Offers discounted fees for eligible school items such as ASB & club membership dues, transportation costs for clubs, athletic fees (<i>uniform allowance not to exceed \$350 per sport</i>), course fees & supplies, IB & AP test fees, transcripts and summer school tuition. <i>Fees associated with yearbooks, parking, fines and optional trips are not eligible for fee reductions under this program. When purchasing items described above through the school's online payment site or in person at the school office, the price will be automatically reduced prior to check out <u>once</u> this form has been processed by Nutrition Services. Processing may take 2-3 days.</i>
<input type="checkbox"/>	Nursing /Health Services	Connect families with Vision Support coupons.

Step 2: Print Student Name(s):	Student ID#	School	Grade

My signature below gives permission to Nutrition Services to disclose my student's eligibility status for free or reduced-price meals for the administration of the programs described above. I understand that I am not required to sign this consent statement. If I choose not to sign, my student will still be eligible for free or reduced-price meals. Eligibility information will be stored in a location where it is unavailable to other parents, students or staff.

Step 3: Print and Sign

Print Name of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Phone:

E-Mail Address:

Step 4: Return form to:
Nutrition Services
12037 NE 5th Street
Bellevue, WA 98005
Fax: 425-456-4586
Email: nutrition@bsd405.org