

STEP 1 List ALL Students' attending Strasburg School District 31j (if more spaces are required for additional names, attach another sheet of paper)

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

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.

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.

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.

NAME OF ALL OTHER HOUSEHOLD MEMBERS (First and Last)	Student Income				Public Assistance/Child Support/Alimony				Earnings from Work				Pensions/Retirement/All Other Income					
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Annually	

Total Household Members (Students' and Adults from Steps 1 and 3) **Last four digits of Social Security Number (SSN) or mark "no SSN"** of adult signing this form only if Step 3B has been completed. --- **Check box if no SSN**

STEP 4 Contact information and adult signature. Mail signed and completed application to: Strasburg School District 31j 5629 E Colorado Ave, Strasburg, CO 80136
 *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.

Mailing Address or PO Box City State Zip Code Email Address

Apt. # or Lot # Printed First and Last Name of Signer Today's Date

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 Medicaid/SCHIP Advanced Placement Accelerate College

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights

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

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			M	D	Y	Y						

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SNAP Case Number: _____ TANF Case Number: _____ FDPIR Case Number: _____

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

B. All Other Household Members (including yourself)
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Name (First and Last)	Student Income			Public Assistance/Child Support/Alimony			Earnings from Work			Pensions/Retirement/All Other Income				
	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Annually	
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Students' and Adults from Steps 1 and 3) _____ **Last four digits of Social Security Number (SSN) or mark "no SSN"** of adult signing this form only if Step 3B has been completed. **Check box if no SSN**

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Mailing Address or PO Box: _____ Apt. # or Lot #: _____ City: _____ State: **CO** Zip Code: _____ Email Address: _____

Home or Cell Phone Number: _____ Printed First and Last Name of Signer: _____ Today's Date: _____

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