

**2023-24 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
LAKE STEVENS SCHOOL DISTRICT**

**(Questions? Call LSSD Nutrition Office 425-335-1561)**

**Complete, sign, and return this application to: Food & Nutrition Services, 12309 22<sup>nd</sup> St. NE, Lake Stevens, WA 98258; Fax 425-335-1549; or email [foodservices@lkstevens.wednet.edu](mailto:foodservices@lkstevens.wednet.edu)**

**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 |
|---------------------|----------------------|----|--------|---------------|--------|-------|----------------|--------|-----------|-----------|---------|
|                     |                      |    |        |               |        |       | \$             |        |           |           |         |
|                     |                      |    |        |               |        |       | \$             |        |           |           |         |
|                     |                      |    |        |               |        |       | \$             |        |           |           |         |
|                     |                      |    |        |               |        |       | \$             |        |           |           |         |
|                     |                      |    |        |               |        |       | \$             |        |           |           |         |

- 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<br>(do not include students listed above) | Foster | Earnings from work<br>(before any deductions) |           |           |         | Public Assistance/<br>Child Support/<br>Alimony |           |           |         | Pensions/<br>Retirement/<br>Social Security<br>(SSI) |           |           |         | Any Other Income<br>Not Already Listed |           |           |         |  |
|--|--------|---|-----------|-----------|---------|---|-----------|-----------|---------|--|-----------|-----------|---------|--|-----------|-----------|---------|--|
|  |        | 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 |  |
|  |        | \$  |           |           |         | \$  |           |           |         | \$   |           |           |         | \$                                     |           |           |         |  |
|  |        | \$  |           |           |         | \$  |           |           |         | \$   |           |           |         | \$                                     |           |           |         |  |
|  |        | \$  |           |           |         | \$  |           |           |         | \$   |           |           |         | \$                                     |           |           |         |  |
|  |        | \$  |           |           |         | \$  |           |           |         | \$   |           |           |         | \$                                     |           |           |         |  |
|  |        | \$  |           |           |         | \$  |           |           |         | \$   |           |           |         | \$                                     |           |           |         |  |

- 4. Total Household Members (include all people living in your household):**  
(total listed must equal number of household members listed above)

**Last Four Digits of Social Security Number (SSN) of**

Check if no SSN: \_\_\_\_\_

**Primary Wage Earner or Other Household Member**

- 5. Contact Information & Signature – Complete, sign, and return this application to: Food & Nutrition Services, 12309 22<sup>nd</sup> St. NE, Lake Stevens, WA 98258**

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

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider. Lake Stevens School District’s Non-Discrimination Statement In accordance with RCW 49.60, the Lake Stevens School District does not discriminate in employment and schools. The Lake Stevens School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, use of a trained dog to guide or service animal by a person with a disability, and provides equal access to the Boy Scouts and designated youth groups. The district complies with all applicable state and federal laws and regulations to include, but not limited to, Title IX, Title VI of the Civil Rights Acts, Section 504 of the Rehabilitation Act, RCW 49.60 “The Law Against Discrimination,” and RCW 28A.640 “Sex Equity,” and covers, but is not limited to, all district programs, courses, activities, including extracurricular activities, services, access to facilities, etc. Inquiries regarding compliance procedures should be directed to Lake Stevens School District, 12309 22nd St. NE, Lake Stevens, WA 98258, Attention: Title IX and Civil Rights Officer, John Balmer, (425) 335-1500, [John\\_Balmer@lkstevens.wednet.edu](mailto:John_Balmer@lkstevens.wednet.edu) or ADA Compliance Officer and Section 504 Compliance Officer, Miriam Tencate, (425) 335-1500, [Miriam\\_Tencate@lkstevens.wednet.edu](mailto:Miriam_Tencate@lkstevens.wednet.edu).

**SCHOOL USE ONLY DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

**LEA APPROVAL:** Basic Food/TANF/FDPIR/Foster Total Household Size \_\_\_\_\_ Weekly Bi-Weekly 2x per Month Monthly Annual  
Income Household Total Household Income \$ \_\_\_\_\_

**APPLICATION APPROVED FOR:** Free Meals **APPLICATION DENIED BECAUSE:** Income Over Allowed Amount Other: \_\_\_\_\_  
Reduced-Price Meals Incomplete/Missing Information

\_\_\_\_\_  
Date Notice Sent

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date



## Parent / Guardian Release of Student Meal Benefit Eligibility

Dear Parent or Guardian:

If you would like to have your student(s) current school year free or reduced eligibility shared with school officials in order to receive additional reduced program fees in our district, please return this form directly to our Food & Nutrition Office via mail, fax or email. Your student may not have the option for a reduction of fees until this form is received and processed by our office. This is an annual process.

|                                    |                      |               |
|------------------------------------|----------------------|---------------|
| Student Name (Please Print): _____ | Date of Birth: _____ | School: _____ |
| Student Name (Please Print): _____ | Date of Birth: _____ | School: _____ |
| Student Name (Please Print): _____ | Date of Birth: _____ | School: _____ |
| Student Name (Please Print): _____ | Date of Birth: _____ | School: _____ |

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:

**YES! Please share my student(s) eligibility status for LSSD InTouch Reduced Program Fees** (Chromebook Protection Plan, AP Testing, Summer School, ASB Cards, ASB Dances, ASB Competitions, ASB Conferences, ASB Plays, ASB Home Games, ASB Uniforms, ASB Field Trips, ASB Dues) InTouch is our district online fee payment system.

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\* (\*required for benefit)

\_\_\_\_\_  
Date

**No thanks!** Please **do not** share my student(s) eligibility status. If you have any questions regarding eligibility benefit, please contact the Nutrition Office at 425-335-1561.

Otros beneficios – Marque el casillero delante de los programas con los que desea compartir la categoría de comida gratuita o a precio reducido de su hijo para obtener una reducción del precio:

**Si! Por favor comparta el estado de elegibilidad de mi (s) estudiante (s) para las tarifas reducidas del programa LSSD InTouch** (plan de protección de Chromebooks; exámenes AP, escuela de verano, tarjetas ASB, bailes ASB, competencias ASB, conferencias ASB, juegos ASB, juegos en casas ASB, uniformes ASB, Viajes, cuotas de ASB)

Al firmar a continuación, dejo que la información contenida en esta solicitud sea compartida con el otro programa (s) que he indicado.

\_\_\_\_\_  
Firma Padre/ tutor

\_\_\_\_\_  
Fecha

**No, gracias! Por favor, no comparta el estado de elegibilidad de mi (s) estudiante (s).** Si tiene alguna pregunta sobre los beneficios de elegibilidad, comuníquese con la Ofician de Nutricion al 425-335-1561 **(PREGUNTAS?) En Espanol llamades: Nora Jimenez Gonzalez 425-335-1565**