

2024-25 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS – MONROE SCHOOL DISTRICT

Apply online: https://www.monroe.wednet.edu/departments/food-service/free-and-reduced-priced-meals

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: Monroe School District, ATTN Meal Applications, 14692 179th Ave SE Monroe, WA 98272

Check here if you received meal benefits last year:

1. List all students living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, 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. Homeless Migrant

Table with columns: 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.

Table with columns: Names of ALL other household members, Foster, Earnings from work, Public Assistance/Child Support/Alimony, Pensions/Retirement/Social Security (SSI), Any Other Income Not Already Listed.

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member (Optional if only applying for Summer EBT)

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

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable).

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

Child Nutrition Eligibility: 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/ad-3027.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: 1) **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2) **fax:** (833) 256-1665 or (202) 690-7442; or 3) **email:** Program.Intake@usda.gov

Monroe School District’s Non-Discrimination Statement

The Monroe School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Compliance Coordinator for 28A.640 & 28A.642 RCW- Dan Johnston 14692 179th Ave Se Monroe, WA 98272 360-804-2530 johnstond@monroe.wednet.edu; Section 504, ADA – David Paratore 14692 0179th Ave SE Monroe, WA 98272 paratored@monroe.wednet.edu 360-804-2609.

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 Eligible **APPLICATION DENIED BECAUSE:** Income Over Allowed Amount Other: _____
 Reduced-Price Eligible Incomplete/Missing Information

Date Notice Sent

Signature of Approving Official

Date