

Garfield Re-2 School District

Dear Parent/Guardian:

Garfield Re-2 will provide no cost Breakfast and Lunch for all students during the 2026/2027 School Year.

Research shows students perform better in school when they are not hungry. By providing Breakfast and Lunch to all children at no cost, we better support their learning.

Our school meals follow the U.S. Department of Agriculture guidelines for healthy school meals. When families choose no-cost school meals, our school gets more funding and our school community can connect over mealtimes. It also saves time and money, which your family can use on what's most important.

Although all students will receive no cost meals, it's still important for households to provide income information when requested. Gathering this information allows Garfield Re-2 to receive state and federal funding we qualify for. These funds go directly to schools to help cover the cost of meals and support after-school activities and other nutritional programs for students. Plus, qualifying households may be eligible to receive Summer EBT benefits, receive discounted school fees, class materials, bus passes, utilities support and more.

If you have any questions about the program, please contact us at (970)665-7604.

Sincerely,
Shari Edwards
Free and Reduced Coordinator
Nutrition Services Financial Secretary

Non-discrimination Statement:

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, audiotope, 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:

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

This institution is an equal opportunity provider.

Support Your Child's School by Completing the Family Economic Data Survey form

Step-by-Step Instructions

Whether all students in your school are receiving no-cost meals or not, it is still important to fill out the Family Economic Data Survey form. It can help qualify your school for funding to support students. *It also can help qualify some students for other benefits, such as not having to pay certain school fees.*

These instructions will help guide you through the steps. Complete only one form per household. Use a black or blue pen, not a pencil.

Step 1 List all children

- List first and last names of all children in your household. Providing their date of birth and grade is optional. If you need room to list additional children, use an extra sheet of paper and attach it to the application.
- Check the appropriate box for any Foster Child, Runaway, Homeless and/or Migrant student, or leave blank.
- If you receive benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works), and/or Food Distribution Program on Indian Reservations (FDPIR), list your case number from any one of these programs. Do not include your card or account number. *If you list a case number for any of these benefits, go straight to STEP 3 (skip STEP 2). If you do not receive benefits from any of these programs, leave the case number section blank and go to STEP 2.*

Step 2 Report all household income (for students & adults)

To complete this section, you may want to keep the following information handy:

- Earnings statements or pay stubs from work
- Benefits statements such as those from Social Security or retirement accounts
- Other financial documents for any other sources of income

List all adult household members (including yourself) and their income. If an adult does not have any income, enter '0'. **Also, list again in this section any students who receive income.** Report gross income (total income before taxes and deductions). For examples of types of income to include in each of these categories, please see the bottom of these instructions. Households with incomes at or below the income limit may be eligible for Summer EBT.

Types of income to include:

1. **Earnings from work:** Report the total gross income for the period selected, not the hourly wage. Gross income is the total income before taxes or other deductions (like health insurance premiums) are subtracted. For example, if you are paid \$500 in gross income every two weeks, write \$500 in the income field and check the "every 2 weeks" box. If you do not normally receive overtime pay, do not report it.
2. **Public assistance/child support/alimony:** List the total amount each person receives from child support, alimony, or public assistance programs other than SNAP, TANF/Colorado Works or FDPIR. For example, if you receive \$500 per month in child support, write \$500 in the field and check the "monthly" box.
3. **Pensions/retirement/all other income:** Report net income for a self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. Do not include any Military Housing Privatization Initiative allowance.

List total household members. Add all the students you listed in STEP 1 plus all the adults listed in STEP 2 and enter that number in the "Total Number of Household Members" space.

Step 3 Signature & contact information

Sign the form, print your first and last name and the date.

Provide your contact information if you want to receive eligibility notifications. (This is optional.) The mailing address listed will be used to mail a Summer EBT card to families that qualify. If you plan to move, or have recently moved, apply for Summer EBT benefits in the state your child(ren) will complete the school year prior to summer break.

Step 4 Release of information

The information you provide on this form may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If you do NOT want your information shared with Medicaid/SCHIP, check that box. Check the "yes" box if you DO want your information shared with other programs for which you might qualify. You may have fees waived for certain exams or books if you qualify.

Return the completed form to your school or submit it online, if your school district has that option!

What types of income must be reported in Step 2?

See examples below.

Examples of student income

- Earnings from work
- Social Security, disability, or survivor's payments
- Any other type of income regularly received

Earnings from work

- Wages, salaries, and tips
- Strike benefits
- Unemployment compensation
- Worker's Compensation
- Net income from a self-owned business or farm

Public assistance/child support/alimony

- Public assistance payments
- Welfare payments
- Alimony payments
- Child support payments
- Social Security benefits

Pensions/retirement/all other income

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran benefits
- Social Security
- Disability benefits
- Cash regularly withdrawn from savings
- Interest and dividends
- Income from estates, trusts, and investments
- Regular contributions from people not living in the household
- Net royalties, annuities, and rental income
- Any other regularly received income, whether federally recognized or not must be reported

The Richard B. Russell National School Lunch Act requires that we use information from this form to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for Summer EBT without an application. Please contact your State or ITO to get Summer EBT for a foster child, and children who are homeless, migrant, or runaway.

20 26 -20 27 Family Economic Data Survey

Garfield Re2 School District

Complete one form per household. Use a black or blue pen (NOT a pencil). See the Step-By-Step Instructions for more information.

STEP 1: List all infants, children and students through grade 12 (If you need more space, attach an additional sheet).

Child First Name	MI	Child Last Name	Birth Date (MM/DD/YY)	Grade	Foster Child	Runaway	Homeless	Migrant
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Check all that apply. Refer to instructions for info on categories.

Do any household members receive SNAP, TANF/CO Works, or FDPIR benefits? If YES, list case number and go to STEP 3. Case # If NO, go to STEP 2.

STEP 2: Report income for all household members, including students.

List all adults in your household. Report their total gross income. If an adult does not have income, write zero (0). Add students in your home that receive income. See instructions for more information.

First and last name of household members	Earnings from work	Public Assistance/Child Support/Alimony					Pensions/Retirement/All other income				
		Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐

STEP 3: Signature and Contact Information.

"I certify (promise) that all information on this survey is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Education Program funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose access to waivers of fees and the district/school may lose funding, and I may be prosecuted under applicable State and Federal laws."

Total Number of Household Members (All children and adults that live in your home)

Mailing Address or PO Box City State Zip Code Email Address

Home or Cell Phone Number SIGNATURE of Adult Household Member (Required)

Printed First and Last Name of Signer Today's Date

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STEP 4: Release of Information

The information provided on this survey will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students qualify this information may be shared with the school or district for the purpose of waiving certain school/district program fees that your children might otherwise be required to pay. The school or district is not permitted to share your information with anyone else. You are not required to consent to the release of your information, and 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 with any programs.

Do not share my information with the following programs that I've checked:

☐ Advanced Placement (AP) Exam and/or AP Book Fees

☐ Accelerate College Opportunity Exam and/or Book Fees

☐ Medicaid/SCHIP

☐ List Specific Program

☐ List Specific Program

Return completed application to:

Your student's school or Garfield Re2, attention Shari Edwards, 215 E. 30th Street, Rifle, CO. 81650

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per month x 24; Monthly x 12

Form Type

☐ Total Household Income: \$ _____ Household Size _____
Household Income Frequency ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly ☐ Annually

☐ Categorical Eligibility

☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster ☐ Homeless/Migrant/Runaway/Head Start

Form Status

Approved ☐ Free ☐ Reduced

Denied ☐ Over Income Guidelines ☐ Incomplete/Missing

Notes:

Determining Official Signature: _____

Approval / Denial Date: _____

Notification Sent: _____

Note: All types of income must be combined in total household income, not just earnings from work.