

Englewood Schools 2020-2021 Household Application for Free and Reduced Price School Meals

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

STEP 1: List ALL Students' attending Englewood Schools (if more spaces are required for additional names, attach another sheet of paper)

Students First Name	MI	Students Last Name	Birth Date (MM/DD/YY)	Grade	No Income	Foster Child	Homeless	Migrant	Runaway

Check all that apply

STEP 2: If any household members (including you) currently receive assistant from any of the following programs: SNAP, TANF, or FDIPIR list the case number below

SNAP TANF FDIPIR If you DID NOT check one of these boxes to the left, complete STEP 3. If you checked one of the boxes to the left, write the case number here, then go to STEP 4. (DO NOT complete STEP 3.)

CASE NUMBER:

STEP 3: Report income for ALL household members (skip this step if you provided a case number in STEP 2)

A. All Other Household Members (including yourself)	B. Student Income	Student Income	Fill in Circle & How Often
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 (BEFORE TAXES AND OTHER DEDUCTIONS) for each source in whole dollars only (no cents). 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.	Please include the TOTAL income, if any, received by all students listed above.	\$ <input style="width: 100px;" type="text"/>	<input type="radio"/> Monthly <input type="radio"/> Bi-Weekly <input type="radio"/> Weekly <input type="radio"/> 2x Month <input type="radio"/> Annually

Names of Other Household Members (First and Last)	Earnings from	Fill in Circle & How Often	Public Assistance, Child Support, Alimony	Fill in Circle & How Often	Pensions, Retirement, All other Income	Fill in Circle & How Often
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Englewood Schools 2020-2021 Solicitud de la familia para comidas escolares gratuitas o a precio reducido

Complete una solicitud por hogar. Utilice un bolígrafo negro o azul (no en lápiz).

PASO 1: Haga una lista de TODOS los estudiantes que asisten a las escuelas de Englewood (si se requieren más espacios para nombres adicionales, adjunte otra hoja de papel)

Nombre de los estudiantes	MI	Apellido de los estudiantes	Fecha de nacimiento (MM/DD/YY)	Grado	Sin ingresos	Hijo adoptivo	Sin hogar	Inmigrante	Huir
	<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"/>

Marque todo lo que corresponda

PASO 2: Si algún miembro del hogar (incluyéndolo a usted) actualmente recibe asistencia de cualquiera de los siguientes programas: SNAP, TANF o FDPIR enumeran el número de caso a continuación

SNAP TANF FDPIR Si NO MARCÓ una de estas casillas a la izquierda, complete el PASO 3 Si marcó una de las casillas a la izquierda, escriba el número de caso aquí, luego vaya al PASO 4. (NO complete el PASO 3). **NÚMERO DE CASO:**

PASO 3: Informe los ingresos de TODOS los miembros del hogar (omite este paso si proporcionó un número de caso en el PASO 2)

A. Todos los demás miembros del hogar (incluyéndose a usted)
Enumere todos los demás miembros del hogar que no figuran en el paso 1 (incluido usted), incluso si no reciben ingresos. Para cada miembro del grupo familiar enumerado, si reciben ingresos, informe el TOTAL BRUTO (ANTES DE IMPUESTOS Y OTRAS DEDUCCIONES) para cada fuente en dólares enteros solamente (sin centavos). Si no reciben ingresos de ninguna fuente, escriba "0". Si ingresa "0" o deja cualquier campo en blanco, está certificando que no hay ingresos para informar.

B. Ingresos del estudiante
Por favor, incluya el ingreso TOTAL, si corresponde, recibido por todos los estudiantes mencionados anteriormente

Ingresos estudiantiles
 \$

Completa el círculo y la frecuencia
 Mensual Quincenal Semanal 2x Mes Anualmente

Lea cómo solicitar comidas escolares gratuitas o de precio reducido en nuestro paquete o en línea en nuestra página web para obtener más información. La sección Fuentes de ingresos para niños lo ayudará con la pregunta sobre el ingreso infantil. La sección Fuentes de ingresos para adultos lo ayudará con la sección de Miembros de todo el hogar para adultos.

Nombres de otros miembros del hogar (primero y último)

	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>

Ganancias del

	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>

Completa el círculo y la frecuencia

<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>

Asistencia pública, Manutención infantil, pensión alimenticia

\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>

Pensiones, Jubilación, Todos los demás ingresos

\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Mensual	<input type="radio"/> Quincenal	<input type="radio"/> Anualmente
\$ <input style="width: 50px;" type="text"/>	<input type="radio"/> Semanal	<input type="radio"/> 2x Mes	<input type="radio"/>

NÚMERO total de miembros del hogar (estudiantes y adultos) Los últimos cuatro dígitos del Seguro Social (SSN) del adulto que firma este formulario o marca "NO SSN" SOLAMENTE si el Paso 3A se ha completado.

XXX-XX- Verificar si no hay SSN

PASO 4: Información de contacto y firma de un adulto.

Certifico (prometo) que toda la información en esta solicitud es verdadera y que se informan todos los ingresos. Entiendo que esta información se proporciona en relación con la recepción de fondos federales, y que los funcionarios escolares pueden verificar (verificar) la información. Soy consciente de que si doy intencionalmente información falsa, mis hijos pueden perder los beneficios de la comida, y puedo ser procesado bajo las leyes estatales y federales aplicables.

Dirección:

Ciudad: **Código Postal:**

Número de teléfono durante el día: **El día de hoy:**

Nombre impreso del miembro adulto del hogar **Firma del miembro adulto del hogar** **Dirección de correo electrónico**

Identidades Raciales y Étnicas del Estudiante (Opcional): Etnicidad (Marque uno): Hispano o Latino No Hispano o Latino Carrera (Marque uno o más): Indio americano o nativo de Alaska asiático Negro o afroamericano Nativo de Hawai o Islas del Pacífico Blanco

PASO 5: lanzamiento de información

La información proporcionada en esta solicitud se utilizará junto con los programas educativos estatales y se puede compartir con Medicaid o las oficinas del Programa estatal de seguro de salud infantil (SCHIP). Si sus estudiantes son elegibles para recibir comidas gratuitas o de precio reducido, esta información puede compartirse con la escuela / distrito con el fin de eximir las tarifas del programa de la escuela / distrito que, de lo contrario, deberían pagar sus hijos. La escuela / distrito no tiene permitido compartir su información con nadie más. No está obligado a dar su consentimiento para la divulgación de su información; esto no afectará la elegibilidad de su (s) estudiante (s) para las comidas escolares. Su información SERÁ compartida a menos que marque una de las casillas a continuación.

Medicaid/SCHIP Las cuotas de inscripción Cuotas atléticas Tarifas de tecnología Tasa de AP / honorarios del curso

NO comparta mi información con ningún programa

CUADROS DE VERIFICACIÓN ARRIBA ARRIBA SI LE GUSTARÍAN LAS TARIFAS