

2022-23 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

TOLEDO SCHOOL DISTRICT

Complete, sign, and return this application to: Your child's school office

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
			<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"/>

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

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

Check if no SSN:

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

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

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

This institution is an equal opportunity provider.

Toledo School District

Toledo School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator, Section 504/ADA Coordinator, Civil Rights Compliance Coordinator

Chris Rust

P.O. Box 469,
Toledo, WA 98591
360-864-6325

crust@toledoschools.us

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 Income Household

Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual

Total Household Income \$ _____

APPLICATION APPROVED FOR: Free Meals Reduced-Price Meals

APPLICATION DENIED BECAUSE: Income Over Allowed Amount Incomplete/Missing Information Other: _____

Date Notice Sent

Signature of Approving Official

Date

2022-23



Parental Release of Information Form

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for **waiver of fees** to participate in other school programs.

The eligible programs include, but not limited to:

- ASB Card designation
- Dances
- Competitions & Conferences
- Plays
- Home games
- Uniforms (barrier to participation)
- ASB field trips
- Dues

This form is optional, and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals, or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

By signing this form, you authorize eligibility status to be shared for each child listed below. This authorizes release of name and eligibility status only, no other information or demographics is allowed to be shared.

	STUDENT NAME	GRADE
1		
2		
3		
4		
5		

Signature of Parent/Guardian: _____ Date: _____

E-Mail Address: _____ Phone: _____

USDA is an equal opportunity provider and employer.

RETURN TO:
TOLEDO SCHOOL DISTRICT 116 Ramsey Way, PO Box 469 Toledo, WA 98591

Original: District Office (copy: ASB)

Processed by: _____

Date completed: _____

April 2021

USDA Child Nutrition Program Income Guidelines

July 1, 2022 – June 30, 2023

The income guidelines for July 1, 2022, through June 30, 2023, are provided for your assistance in correctly approving free and reduced-price meal applications. Note: Only the income scale for reduced-price meals may appear on the letter to households for the NSLP and SBP.

Household Size	FREE					REDUCED-PRICE				
	Annual ¹	Monthly ²	Twice Per Month ³	Every Two Weeks ⁴	Weekly ⁵	Annual ¹	Monthly ²	Twice Per Month ³	Every Two Weeks ⁴	Weekly ⁵
1	\$17,667	\$1,473	\$737	\$680	\$340	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$23,803	\$1,984	\$992	\$916	\$458	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$29,939	\$2,495	\$1,248	\$1,152	\$576	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$36,075	\$3,007	\$1,504	\$1,388	\$694	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$42,211	\$3,518	\$1,759	\$1,624	\$812	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$48,347	\$4,029	\$2,015	\$1,860	\$930	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$54,483	\$4,541	\$2,271	\$2,096	\$1,048	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$60,619	\$5,052	\$2,526	\$2,332	\$1,166	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
For each add'l family member, add:	\$6,136	\$512	\$256	\$236	\$118	\$8,732	\$728	\$364	\$336	\$168

If the household is reporting more than one source of income and there is a difference in how often the income is received, use the chart below to calculate the annual income.

Instructions for calculating income:

¹Annual income.

²Monthly income x 12 = annual income.

³Twice per month income x 24 = annual income.

⁴Every two weeks income x 26 = annual income.

⁵Weekly income x 52 = annual income.

All numbers are rounded upward to the next whole dollar.



Washington Office of Superintendent of
PUBLIC INSTRUCTION

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