



**STANWOOD-CAMANO
SCHOOL DISTRICT**

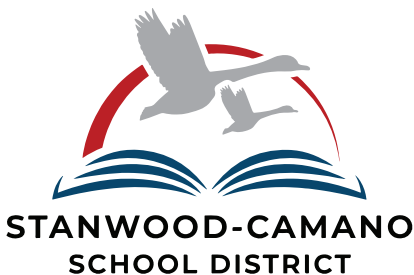
FREE OR REDUCED PRICED MEALS APPLICATION

EVERY STUDENT

is **empowered to learn** in an
inclusive setting and is **prepared**
for the future of their choice

www.stanwood.wednet.edu

FREE OR REDUCED PRICED MEALS



***SCAN THIS QR CODE TO
LEARN MORE AND TO APPLY!***

www.stanwood.wednet.edu/freemeals

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

Mark one ethnic identity:

- Asian
 Native Hawaiian or Other Pacific Islander
 Hispanic or Latino
 Not Hispanic or Latino

7. **Other Benefits – Please check the box if you wish to share your child(ren)'s free or reduced price meal status in order to qualify for a reduction in fees:**

YES! Please share my child(ren)'s eligibility status for certain SCSD InTouch Fees (ASB Cards, ASB Dances, ASB Competitions, ASB Conferences, ASB Field Trips, Athletic Participation Fees)
By signing below, I allow the information contained on this application to be shared with the other program(s).

Parent/Guardian Signature (required for benefit)

Date

No thanks! Please do not share my child(ren)'s eligibility status, and I realize I will be asked to provide a benefit letter for reduction of fees. If you have any questions regarding eligibility benefits, please contact the Food Service office at 360-629-1411.

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, 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:

mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or

This institution is an equal opportunity provider.

fax:

(833) 256-1665 or (202) 690-7442; or

email:

program.intake@usda.gov

STANWOOD-CAMANO SCHOOL DISTRICT #401 School District's Non-Discrimination Statement

The Stanwood-Camano School District does not discriminate in employment, 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. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Affirmative Action Officer and Civil Rights Compliance Coordinator, Christine Del Pozo (Cdel Pozo@stanwood.wednet.edu), or the Section 504/American Disabilities Act Coordinator, Robert Hascall (rhascall@stanwood.wednet.edu) Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood, WA 98292. Telephone: (360) 629-1200

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/FPPIR/Foster Income Household Total Household Size Total Household Income \$ _____ Weekly Bi-Weekly 2x per Month Monthly Annual

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

Date Notice Sent _____ Signature of Approving Official _____ Date _____