Child Nutrition

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Free / Reduced Meal Application

Free and reduced price meals are available to students who qualify based on household income levels.

All info is kept confidential.

How to Apply
Online: EZMealApp.com
Secure online portal for fastest processing

Paper Application: Available in front offices, cafeteria, and on Website.
May take 10 days to process.

- Parents will be notified by letter once the application has been processed.
- Students not on the free or reduced price program will be charged for lunch until the meal application is processed.
- Households will be responsible for all meals charged prior to being approved for free or reduced price meals.
- Families may apply or reapply at any time during the school year.

Applications must be submitted annually.

Contact:
Child Nutrition Department

Website Resource:
http://www.laveeneld.org/free-and-reduced-price-meal-applications

Programs & Services
-Child Nutrition
-Free & Reduced Price Meal Applications

Laveen School District creating bright futures

5001 W. Dobbins Road, Laveen, AZ 85339
Phone 602-237-9100 | Fax 602-237-9135 | www.laveeneld.org

Dear Parent/Guardian:

Children need healthy meals to learn. Laveen Elementary School District offers healthy meals every school day. **Breakfast is free for all students**; lunch costs **$2.30**. **Your children may qualify for free or reduced-price meals.** Reduced-price lunch is **$0.40**. This packet includes an application for free or reduced-price meal benefits, as well as a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE MEALS?
    a. All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF**, can get free meals regardless of your income.
    b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
    c. Children participating in their school's Head Start Program are eligible for free meals.
    d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
    e. Children can get free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Federal Eligibility Income Chart for School Year 2018-2019			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	$22,459	$1,872	$432
2	$30,451	$2,538	$586
3	$38,443	$3,204	$740
4	$46,435	$3,870	$893
5	$54,427	$4,536	$1,047
6	$62,419	$5,202	$1,201
7	$70,411	$5,868	$1,355
8	$78,403	$6,534	$1,508
Each additional person:	+$7,992	+$666	+$154

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Delphina Avila at (602) 237-9100 or davila2@laveeneld.org.**

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the Cafeteria Manager at your child(ren)'s school.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact the Child Nutrition Services Department at **(602) 237-9100** immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **www.EZMealApp.com** to begin. To learn more about the online application process, contact the Child Nutrition Department at **(602) 237-9100.**

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through **September 17, 2018**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Jennifer Gordon at (602) 237-9100 or jgordon@laveeneld.org.**

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Meal Programs.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact the Cafeteria Manager at your child(ren)'s school to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call **(602) 237-9100.**

Sincerely,

Child Nutrition Services

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Laveen School District creating bright futures
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Phone 602-237-9100 | Fax 602-237-9135 | www.laveeneld.org

Estimados Padres/Guardián:

Los niños necesitan comida sana para aprender. Laveen Elementary School District ofrece alimentación sana todos los días. **El desayuno es gratuito para todos los estudiantes;** el almuerzo cuesta **$2.30**. **Sus niños podrían calificar para recibir comida gratuita o de precio reducido.** El desayuno es gratuito para todos los estudiantes y **$0.40** para el almuerzo. Este paquete incluye una solicitud para recibir los beneficios de comida gratuita o de precio reducido, y también instrucciones detalladas para llenarla. A continuación hay algunas preguntas y respuestas comunes para ayudarle a usted con la solicitud.

1. ¿QUIÉN PUEDE OBTENER COMIDA GRATUITA?
   a) Todos los niños en los hogares que reciben beneficios de **SNAP, el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR)** o **TANF** pueden recibir comidas gratis sin importar sus ingresos.
   b) Niños adoptivos temporales (Foster) que están bajo la responsabilidad legal de una agencia de cuidado temporal (Foster) o de una corte.
   c) Niños que participan en el Programa Head Start de su escuela.
   d) Niños que cumplen con la definición de "sin casa", "fugado", o "migrante".
   e) Los niños de hogares donde la familia está dentro de los límites de la Tabla De Elegibilidad Federal de Ingresos pueden recibir comidas gratis o de precio reducido si el ingreso familiar está en o por debajo de los límites de esta tabla.

TABLA DE ELEGIBILIDAD FEDERAL DE INGRESOS Para el Año Escolar 2018-2019			
Número de Personas en el Hogar	Anual	Mensual	Semanal
1	$22,459	$1,872	$432
2	$30,451	$2,538	$586
3	$38,443	$3,204	$740
4	$46,435	$3,870	$893
5	$54,427	$4,536	$1,047
6	$62,419	$5,202	$1,201
7	$70,411	$5,868	$1,355
8	$78,403	$6,534	$1,508
Cada persona adicional:	+$7,992	+$666	+$154

1. CÓMO SÉ SI MIS HIJOS CALIFICAN COMO "SIN HOGAR, EMIGRANTE, O FUGADO?" Usted y los miembros de su hogar no tienen una dirección permanente? Permanecen ustedes en un hospicio, hotel, u otro lugar temporal? Se muda su familia según la temporada? Viven con usted algunos niños que han escogido abandonar a su familia? Si usted cree que hay niños en su hogar que cumplen con estas descripciones y no les han dicho que sus hijos van a recibir comida gratuita, favor de llamar o enviar un correo electrónico a **Delphina Avila al (602) 237-9100 o davila2@laveeneld.org.**

2. NECESITO LLENAR UNA SOLICITUD PARA CADA NIÑO? No. Use una sola solicitud para todos los estudiantes en su hogar. No podemos aprobar una solicitud que no está completa, así que asegúrese de llenar toda la información requerida. Entregue la solicitud completa a el Gerente (manejador) de la cafetería de su escuela.

3. DEBO COMPLETAR UNA SOLICITUD SI HE RECIBIDO UNA CARTA ESTE AÑO INDICANDO QUE MIS HIJOS YA ESTÁN APROBADOS PARA COMIDA GRATUITA? No, lea la carta cuidadosamente y siga las instrucciones. Si algunos niños en su hogar no aparecen en su notificación de elegibilidad, contacte la oficina de servicios de nutrición infantil al **(602) 237-9100** inmediatamente.

4. PUEDO APLICAR POR INTERNET? Si! Le animamos a que complete su solicitud en línea en lugar de una solicitud en papel si usted es capaz. La solicitud en línea tiene los mismos requisitos y le pedirá la misma información que la aplicación de papel. Visite la página **www.EZMealApp.com** para empezar. O para obtener más información sobre el proceso de solicitud en línea, contacte la oficina de servicios de nutrición infantil al (602) 237-9100.

5. LA SOLICITUD DE MI HIJO/A FUE APROBADA EL AÑO PASADO. ¿NECESITO LLENAR UNA NUEVA? Sí. La solicitud de su hijo es válida solamente por ese año y los primeros días del nuevo año escolar hasta **el 17 de Septiembre del 2018.** Usted debe entregar una nueva solicitud al menos de que la escuela le haiga informado que su hijo es elegible para el nuevo año escolar. Si usted no envía una nueva aplicación que haiga sido aprobada por la escuela o si no le han notificado que su hijo es elegible para recibir comidas gratis, a su hijo se le cobrara el precio completo para las comidas.

6. RECIBO BENEFICIOS DE WIC. PUEDEN RECIBIR MIS NIÑOS COMIDA GRATUITA? Los niños en hogares que participan en el Programa WIC pueden ser elegibles para recibir comida gratuita o de precio reducido. Favor de enviar una solicitud.

7. VERIFICAN LA INFORMACIÓN QUE DOY? Sí. También podemos pedir prueba escrita del ingreso del hogar que usted reporto.

8. SI NO CALIFICO AHORA, PUEDO SOLICITAR DESPUES? Sí, usted puede solicitar en cualquier momento durante el año escolar. Por ejemplo, los niños que viven con un padre o custodio que pierde su trabajo pueden calificar para recibir comida gratuita o de precio reducido si el ingreso cae debajo del límite del ingreso establecido.

9. QUÉ PASA SI NO ESTOY DE ACUERDO CON LA DECISIÓN DE LA ESCUELA SOBRE MI SOLICITUD? Usted debe hablar con los oficiales de la escuela. Usted también puede apelar la decisión llamando o escribiendo a **Jennifer Gordon al (602) 237-9100 o jgordon@laveeneld.org.**

10. PUEDO SOLICITAR SI ALGUIEN EN MI HOGAR NO ES CIUDADANO NORTEAMERICANO? Sí. Usted, sus hijos, u otros miembros de su hogar no tienen que ser ciudadanos Norteamericanos para solicitar comida gratuita o de precio reducido. Nuestra organización no divulga información para fines relacionados de inmigración durante el curso habitual del funcionamiento de los Programas de comidas escolares.

11. QUÉ PASA SI MIS INGRESOS NO SIEMPRE SON IGUALES? Anote la cantidad que normalmente recibe. Por ejemplo, si usted normalmente gana $1000 cada mes, pero trabajó menos el mes pasado y ganó solamente $900, anote $1000 por mes. Si usted normalmente gana horas extra, inclúyalo; pero no lo haga si usted trabaja horas extra de vez en cuando. Si usted ha perdido su trabajo o le han reducido sus horas o ingresos, use su ingreso actual.

12. QUE PASA SI ALGUNOS MIEMBROS DEL HOGAR NO TIENEN INGRESOS PARA REPORTAR? Tal vez algunos miembros de su hogar no reciben el tipo de ingresos que pedimos que declare en la aplicación, o puede que no reciba ingreso alguno. Cuando esto suceda, puede escribir un "0" en el campo. Favor de tomar en cuenta que cualquiera de los campos de ingreso que se hayan dejado en blanco serán contados como ceros, porque vamos a suponer que usted significo hacer eso.

13. ESTAMOS EN LAS FUERZAS ARMADAS. ¿REPORTAMOS LOS INGRESOS DE UNA MANERA DIFERENTE? Su sueldo básico y los bonos deben ser reportados como ingresos. Subsidios para vivienda fuera de la base militar, comida y ropa, o pagos FSSA- Family Subsistence Supplemental Allowance, deben incluirse en su ingreso. Sin embargo, si su vivienda es parte de la Iniciativa Privatizada de Vivienda Militar, no incluya este subsidio de vivienda en su ingreso. Cualquier otro pago por despliegue militar está también excluido del ingreso.

14. QUE PASA SI NO HAY SUFICIENTE ESPACIO EN LA APLICACIÓN PARA MI FAMILIA? Agregue una hoja con toda la información requerida para los miembros del hogar adicionales. Favor de contactarse con el Gerente (manejador) de la cafetería de la escuela para recibir una segunda aplicación.

15. MI FAMILIA NECESITA MÁS AYUDA. HAY OTROS PROGRAMAS PARA LOS CUALES PODEMOS SOLICITAR BENEFICIOS? Para enterarse de cómo solicitar **SNAP** u otros beneficios, contacte a su oficina local de asistencia o llame al 1-800-352-8401

Si tiene otras preguntas o necesita ayuda, llame a la oficina de servicios de nutrición infantil al (602) 237-9100.

Atentamente,

Departamento de Servicios de Nutricion Infantil

De acuerdo con la ley federal de derechos civiles y el Departamento de Agricultura (USDA) reglamentos de derechos civiles y políticas, el USDA, sus Agencias, oficinas y empleados, y las instituciones que participan en o administran los programas del USDA de Estados Unidos tienen prohibido discriminar por motivos de raza, color, origen nacional, sexo, discapacidad, edad o represalia o venganza para actividades antes de los derechos civiles en cualquier programa o actividad llevada a cabo o financiada por el USDA. Las personas con discapacidad que requieran medios alternativos de comunicación para la información del programa (por ejemplo, Braille, letra grande, cinta de audio, Lenguaje de Signos Americano, etc.) deben ponerse en contacto con la Agencia (estatal o local) donde solicitaron beneficios. Las personas sordas o con problemas de audición o discapacidades del habla pueden comunicarse con el USDA a través del Servicio de Retransmisión Federal al (800) 877-8339. Adicionalmente, la información del programa puede estar disponible en otros idiomas además del inglés. Para presentar una queja de discriminación del programa, favor de completar el Formulario de USDA Queja de discriminación del Programa, AD-3027, que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, y en cualquier oficina del USDA, o favor de escribir una carta dirigida USDA y favor de poner en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envié el formulario completado o una carta al USDA por: (1) correo: Departamento de Agricultura, Oficina del Secretario Adjunto de Derechos Civiles, 1400 Independence Avenue, SW, Washington, DC 20250-9410 EE.UU.; (2) Fax: (202) 690-7442; o (3) Correo Electrónico: program.intake@usda.gov. Esta institución es un proveedor de igualdad de oportunidades.

INSTRUCTIONS FOR APPLYING

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Laveen Elementary School District No. 59. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact the Cafeteria Manager at your child(ren)'s school.

Please **use a pen (not a pencil)** when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- Check the box next to the appropriate assistance program. Next, list the case number in the large box labeled Case Number and go directly to STEP 4.

If No- Leave this section blank and **go to STEP 3**.

STEP 3- HOUSEHOLD INCOME INFORMATION

A. **Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total Child Income."

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children	
Type of Income	**Examples**
Earnings from work	A child has a job where they earn a salary or wages.
Social Security • Disability payments • Survivor Benefits	 A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons *outside* the household	A friend or extended family member *regularly* gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

B. Adult Household Members and Income- Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1**. List one name per line, and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Income for Adults		
Earnings from Work	**Public Assistance/ Alimony/Child Support**	**Pensions/Retirement/All Other Income**
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **For military families:** • Basic pay and cash bonuses *(do not include combat pay, FSSA, or privatized housing allowances)* • Allowances for off-base housing, food and clothing	• Unemployment benefits • Workers Compensation • Supplemental Security Income (SSI) • Cash Assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • Annuities • Investment Income • Earned Interest • Rental Income • Regular cash payments from outside household

The back of this application provides the same Sources of Income charts.

C. **Total number of household members and SSN**.
Report the total number of people in your household (all adults and children) in the one box.

Report the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4- Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

Once the form is completed, it should be delivered to the Cafeteria Manager at your child(ren)'s school.

OPTIONAL INFORMATION

The back of this application provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

INSTRUCCIONES PARA APLICAR

Favor de utilizar estas instrucciones para llenar la solicitud para recibir comida escolar gratuita o de precio reducido. Solamente necesita completar una solicitud por hogar, aunque sus hijos asisten a más de una escuela en Laveen Elementary School District No. 59. La aplicación debe estar llenada completamente para solicitar comida gratuita o de precio reducido para sus hijos.

Cada paso de las instrucciones corresponde a los pasos en la solicitud. Si en algún momento usted no está seguro cómo responder, favor de contactar el Gerente de la cafetería en la escuela de su hijo.

Favor de usar pluma (no lápiz) al llenar la solicitud y escriba en letra clara y de molde.

PASO 1- LISTE A TODOS LOS BEBES, NIÑOS, Y ESTUDIANTES HASTA E INCLUYENDO EL GRADO 12 QUE SON MIEMBROS DE SU HOGAR

Liste a todos los miembros de la casa que sean bebes, niños, y estudiantes hasta e incluyendo el grado 12. Estas personas no tienen que ser parientes para ser parte de su hogar.

Liste el primer nombre, inicial de su medio nombre, y apellido para cada niño. Ponga solo un nombre por línea. Al escribir los nombres, ponga una sola letra en cada cuadro. No continúe si no hay más cuadros. Si no le alcanzan las líneas del formulario, agregue una hoja con toda la información requerida para los niños adicionales.

Si los niños van a la escuela por favor liste el nombre de la escuela.

Si usted cree que los niños son de adopción temporal (Foster), sin hogar, emigrante, o fugado, favor de marcar el cuadro al lado del nombre del niño donde dice Foster, sin hogar, emigrante, o fugado.

Ya que haiga listado a todos los niños, **vaya a PASO 2.**

PASO 2- PARTICIPACIÓN EN SNAP, TANF, O FDPIR

Participa algún miembro de su hogar, incluyéndose a usted, y los demás adultos, en uno o más de los siguientes programas de asistencia: SNAP, TANF, O FDPIR?

En la barra gris, circule sí o no.

Si respondió Si- Marque la casilla al lado del programa de asistencia apropiada. Liste el número de caso en el cuadro titulado Numero de Caso y vaya directamente al **PASO 4.**

Si respondió No- Deje esta sección en blanco y vaya al **PASO 3.**

PASO 3- INFORMACION SOBRE LOS INGRESOS DEL HOGAR

A. **Ingresos de los niños-**Declare todos los ingresos obtenidos por los niños en su hogar. Vea la guía titulada “Guía de Ingresos Para Niños” y declare el ingreso **total bruto** en el cuadro titulado “Ingresos BRUTO del Niño” para todos los niños que listo en PASO 1.

Ingreso de los niños se refiere al dinero recibido fuera de su hogar que se les paga directamente a sus hijos. Muchos hogares no tienen ningún ingreso de niños. Utilice la guía en esta página para determinar si tiene ingresos de niños que tiene que declarar. Si los niños no reciben ingresos, indique “0” o deje los cuadros vacíos. Si usted deja esta parte vacía, significara que no tiene ingresos para reportar para ningún niño en el hogar.

Solo cuente los ingresos de los niños adoptados temporal (Foster) si está aplicando para ellos junto con el resto de su hogar. Es opcional que incluya a los niños Foster como miembros del hogar si viven con usted.

Guía de Ingresos Para Niños	
Tipo de ingreso	**Ejemplos**
Ingresos del empleo	Un niño tiene un trabajo en el que gana un sueldo o salario.
Seguro Social: • Pagos de discapacitación • Beneficios de sobrevivientes	Un niño es ciego o discapacitado y recibe beneficios de Seguro Social. Un padre esta discapacitado, se retiró, o ha fallecido y su hijo recibe beneficios de seguridad social.
Ingresos de personas *fuera* del hogar	Un amigo o miembro de la familia extendida que *regularmente* le da dinero para gastar a un niño.
Ingresos de cualquier otro origen	Un niño recibe ingresos de un fondo de pensiones privado, anualidad, o fideicomiso.

B. Adultos Miembros del Hogar e Ingresos- Escriba el nombre de cada adulto miembro del hogar en los cuadros titulados "Nombres y Apellidos de los Adultos del Hogar" **No incluya a los miembros del hogar que puso en PASO 1.** Escriba un nombre por línea, y escriba el nombre y apellido en cada caja. Si necesita líneas adicionales, agregue una hoja con toda la información requerida para los miembros adicionales del hogar.

Declare el ingreso bruto (cantidad antes de impuestos y deducciones) de cada adulto en la misma línea en la que aparece el nombre. Luego, rellene el circulo para indicar si las ganancias se reciben por semana, quincena (cada dos semanas), 2x mes (2 pagos al mes), o mensual. La guía a continuación da ejemplos de los diferentes tipos de ingresos para los adultos. Si alguien no recibe ingresos, escriba "0" o deje esos cuadros vacíos.

Guía de Ingresos Para Adultos		
Ingresos de Empleo	**Asistencia Pública/ Mantención de Menores/ Pensión Matrimonial**	**Pensiones/Retiro/Otros Ingresos**
• Sueldos, Salarios, bonos en efectivo • El beneficio NETO del trabajo por cuenta propia (granja o negocio) **Si usted está en el Militar EE.UU.:** • Sueldo básico y bonos en efectivo (*no incluya el pago de combate, FSSA, o subsidios de vivienda privatizados)* • Subsidios para la vivienda fuera de la base, alimentos y ropa	• Beneficios de desempleo • Compensación del trabajador • Ingresos de Seguridad Suplementario (SSI) • Asistencia en efectivo del Gobierno Estatal o Local • Pagos de pensión matrimonial • Pagos de manutención • Beneficios de veteranos • Beneficios de huelga	• Seguro Social (incluyendo beneficios de retiro, de ferrocarril y de pulmón negro) • Pensiones privadas o de discapacidad • Ingresos regulares de fideicomisos o sucesiones • Anualidades • Ingresos de inversión • Interés ganado • Ingresos de alquiler • Pagos en efectivo regulares fuera del hogar

La parte posterior de esta aplicación ofrece las mismas guías de ingresos.

C. Número total de miembros del hogar y número de seguro social.

Declare el número total de personas en su hogar (todos los adultos y niños) en el primer cuadro.

Declare los últimos 4 números del Número de Seguro Social (SSN) del proveedor principal de ingresos u otro adulto en el hogar. Usted tiene derecho a solicitar beneficios aunque no tenga un Número de Seguro Social. Simplemente deje el espacio vacío y seleccione el cuadro "Indique si no hay SSN"

PASO 4- INFORMACION DE CONTACTO Y FIRMA DE UN ADULTO

Todas las solicitudes deberán ser firmadas por un miembro adulto del hogar. Al firmar la solicitud, ese miembro del hogar certifica (jura) que toda la información ha sido reportada de una manera completa y verdadera.

Favor de firmar, poner la fecha de hoy, e imprimir su nombre.

Provea su información de contacto. Si tiene dirección permanente, escriba su dirección actual en los espacios correspondientes. Si no tiene una dirección permanente, no quiere decir que sus hijos no son elegibles para recibir comida escolar gratuita o de precio reducido. Poner un número de teléfono, correo electrónico, o las dos cosas es opcional, pero nos ayuda a contactarlo rápidamente si necesitamos hacerlo.

Ya que la forma este complete, entregada directamente al Gerente de la cafetería en la escuela de su hijo.

INFORMACION OPCIONAL

La parte posterior de esta aplicación ofrece una sección para compartir información acerca de la raza de sus hijos y el origen étnico. Este campo es opcional y no afecta la elegibilidad de sus niños para recibir comida gratis o a precios reducido.

Esta sección también incluye información importante acerca de la privacidad y los derechos civiles. Favor de leer estas declaraciones antes de entregar la solicitud.

2018-2019 Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Laveen SCHOOL DISTRICT

You can complete this application online at www.EZMealApp.com

OFFICE USE ONLY
Application Number: ________

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Check all that apply

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

☐ SNAP ☐ TANF ☐ FDPIR

If you answered NO > Complete STEP 3. **If you answered YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

C. Total Household Members
(Children and Adults)

X X X - X X - ____ Check if no SSN ☐

STEP 4 Contact information and adult signature

Give this completed form to your school's cafeteria manager.

"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."

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

OFFICE USE ONLY

❑**Error Prone**

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: ______________________ **Date:** ____________________

❑**Case # Application** ❑**Foster Application** ❑**Directly Certified: Date of Disregard**: ____________________

❑**Income Application**

Household Size:_______

Total Income: __________ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ **Selected For Verification:** Confirming Official's Signature: ______________________ Date: ____________

Follow-Up Official's Signature: ____________________________ Date: ______________

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	**Examples**
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments -Survivor Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons *outside* the household	A friend or extended family member *regularly* gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	**Public Assistance/ Alimony/Child Support**	**Pensions/Retirement/All Other Income**
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) **If you are in the U.S. Military:** - Basic pay and cash bonuses *(do not include combat pay, FSSA, or privatized housing allowances)* -Allowances for off-base housing, food and clothing	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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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 (SNAP), 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Solicitud para Comida Escolar Gratuita y de Precio Reducido del 2018-2019

Complete una sola solicitud por hogar. Favor de usar una pluma (no lápiz).

Laveen SCHOOL DISTRICT

Puede completer esta solicitud en linea en www.EZMealApp.com

SOLAMENTE USO DE OFICINA
Application Number: _____

PASO 1 Liste a TODOS los bebes, niños y estudiantes hasta e incluyendo el grado 12 en su hogar (si requiere más espacio, agregue otra hoja de papel)

Definición de **Miembro del Hogar**: "Cualquier persona que vive con usted y comparte ingresos y gastos, aunque no sea familia."

Niños adoptivos temporales (Foster) y niños que cumplen con la definición de **Migrante, Sin Hogar, o Fugitivo** son elegibles para la comida gratuita. Para más información, lea **"Como solicitar comida escolar gratuita y de precio reducido"**.

Primer Nombre Del Niño	IM	Apellido Del Niño	Nombre De Escuela	Marque todas las que aplican: Niño Foster	Migrante, Sin hogar, Fugado
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

PASO 2 Participa algún Miembro del Hogar (incluyéndose a usted) actualmente en uno o más de los siguientes programas de asistencia: SNAP, TANF, o FDPIR? Marque con circulo: Si / No

☐ SNAP ☐ TANF ☐ FDPIR

Si contesto NO > Complete PASO 3. **Si contesto SI** > Escriba aquí el número de su caso y luego continúe con PASO 4 (No complete PASO 3)

Numero de Caso:

Escriba solo un número de caso en este espacio.

PASO 3 Declare los ingresos de TODOS los Miembros del Hogar (No responda a este paso si usted indico 'Si' en PASO 2).

No está seguro de los ingresos que debe de incluir en esta lista?

Voltee a la parte de atrás de esta aplicación y revise las listas tituladas "Guías de Ingresos" para obtener más información.

La "Guía de Ingresos para Niños" le ayudara con la sección de Ingresos del Niño.

La "Guía de Ingresos Para Adultos" le ayudara con la sección para Miembros Adultos del Hogar

A. Ingresos Del Niño

A veces los niños del hogar ganan dinero. Favor de incluir aquí el ingreso BRUTO TOTAL ganado por todos los miembros del hogar listados en PASO 1. No tiene que incluir los niños adoptivos temporales (Foster).

Ingresos BRUTO del Niño $ ____

Con que frecuencia? Semana ○ Quincena ○ 2x mes ○ 1x mes

B. Todos los Miembros Adultos del Hogar (incluyéndose a usted)

Liste a todos los miembros del hogar no listados en PASO 1 (incluyéndose a usted) sin importar si reciben o no ingresos. Para cada miembro del hogar en la lista que recibe un ingreso, anote el ingreso BRUTO total (la cantidad antes de impuestos y deducciones) de cada origen, en dólares enteros. Si no reciben ingresos de ningún origen, escriba '0'. Si usted pone '0' o deja en blanco cualquier espacio, usted certifica (jura) que no hay ingresos que reportar.

Nombres y Apellidos de los Adultos del Hogar	BRUTOS Ingresos Del empleo	Con que frecuencia? Semana / Quincena / 2x mes / 1x mes	Asistencia Pública/ Mantención de Menores o Pensión Matrimonial	Con que frecuencia? Semana / Quincena / 2x mes / 1x mes	Pensión/Jubilación/ Otros Ingresos	Con que frecuencia? Semana / Quincena / 2x mes / 1x mes
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○

C. Número Total de los Miembros del Hogar (Niños y Adultos) ____

Los Últimos Cuatro Números del Seguro Social (SSN) del Proveedor Principal de Ingresos u Otro Miembro Adulto del Hogar X X X X X ____

Indique si no hay SSN ☐

PASO 4 Información de contacto y firma de adulto

Envie esta solicitud completa a la Manejadora de la Cafeteria del la escuela en la que su hijo(s) asiste(n).

"Yo certifico (juro) que toda la información en esta solicitud es cierta y que todo ingreso se ha reportado. Entiendo que esta información se da con el propósito de recibir fondos Federales y que los funcionarios de la escuela pueden verificar tal información. Soy consciente de que si falsifico información a propósito, mis hijos pueden perder los beneficios y me pueden procesar de acuerdo con las leyes Estatales y Federales que aplican."

Firma del adulto que lleno el formulario _____ Fecha de hoy _____

Nombre del adulto que completo el formulario (Favor de escribir en letra de molde): _____ Teléfono y Correo Electrónico (opcional) _____

Calle y número de casa (si está disponible) _____ No. de Apartamento _____ Ciudad _____ Estado _____ Código Postal _____

SOLAMENTE USO DE OFICINA

Eligibility: Free___ Reduced___ Denied___ ❑Error Prone

Determining Official's Signature: _____ **Date:** _____

❑**Case # Application** ❑**Foster Application** ❑**Directly Certified: Date of Disregard**: _____
❑**Income Application**
Household Size:_____
Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ **Selected For Verification:** Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

INSTRUCCIONES Guías de Ingresos

Guía de Ingresos Para Niños	
Tipo de ingreso	**Ejemplos**
Ingresos de empleo	Un niño tiene un trabajo en el que gana un sueldo o salario.
Seguro Social: -Pagos de discapacitación	Un niño es ciego o discapacitado y recibe beneficios de Seguro Social.
-Beneficios de Sobrevivientes	Un padre esta discapacitado, se retiró, o ha fallecido y su hijo recibe beneficios de seguridad social.
Ingresos de personas fuera del hogar	Un amigo o miembro de la familia extendida que *regularmente* le da dinero para gastar a un niño.
Ingresos de cualquier otro origen	Un niño recibe ingresos de un fondo de pensiones privado, anualidad o fideicomiso.

Guía de Ingresos Para Adultos		
Ingresos de Empleo	**Asistencia Pública/Mantención de Menores/ Pensión Matrimonial**	**Pensiones/Retiro/Otros Ingresos**
- Sueldos, salarios, bonos en efectivo - El beneficio NETO del trabajo por cuenta propia (granja o negocio) **Si usted está en el militar EE.UU.:** - Sueldo básico y bonos en efectivo *(no incluya el pago de combate, FSSA, o subsidios de vivienda privatizados)* -Subsidios para la vivienda fuera de la base, alimentos y ropa	- Beneficios de desempleo - Compensación del trabajador - Ingresos de Seguridad Suplementario (SSI) - Asistencia en efectivo del Gobierno Estatal o Local - Pagos de pensión matrimonial - Pagos de manutención - Beneficios de veteranos - Beneficios de huelga	- Seguro Social (incluyendo beneficios de retiro, de ferrocarril y de pulmón negro) - Pensiones privadas o de discapacidad -Ingresos regulares de fideicomisos o sucesiones - Anualidades - Ingreso de inversión - Interés ganado - Ingresos de alquiler - Pagos en efectivo regulares fuera del hogar

OPCIONAL Identidades Raciales y Étnicas de los Niños

Estamos obligados a solicitar información sobre la raza de sus hijos y el origen étnico. Esta información es importante y ayuda a asegurarse de que estamos sirviendo plenamente a nuestra comunidad. Es opcional responder a esta sección y no afectara la elegibilidad de sus niños para comida gratuita o a precio reducido.

Etnicidad (Marque Uno):

☐ Hispano o Latino ☐ No Hispano o Latino

Raza (Marque uno o más):

☐ Indio Americano o Nativo de Alaska ☐ Asiático ☐ Negro o Africano Americano ☐ Nativo de Hawái u Otro Isla del Pacifico Sur ☐ Blanco

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La **Ley de Almuerzo Escolar Nacional Richard B. Russell**, requiere la información en esta solicitud. Usted no tiene que dar la información, pero si no lo hace, nosotros no podemos autorizar que sus hijos reciban comidas gratis u a precio reducido. Usted debe incluir los últimos cuatro dígitos del número de seguro social del miembro adulto del hogar que firma la solicitud. No se exigen los últimos cuatro dígitos del número de seguridad social cuando está llenando la solicitación para un hijo de crianza o usted anota el número de caso para el Programa de Asistencia de Nutrición Suplementaria (SNAP), Asistencia Temporal para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR) u otro identificador FDPIR para su hijo o cuando usted indica que el miembro adulto del hogar que firmo la solicitud no tiene un número de seguro social. Nosotros usaremos su información para determinar si su hijo es elegible para recibir comidas gratis u a precio reducido, y para la administración y ejecución de los programas de almuerzo y desayuno. PODRIAMOS compartir su información de elegibilidad con programas de educación, salud y nutrición para ayudarles a evaluar, financiar o determinar beneficios para sus programas, auditores para revisar programas, y personal de justicia para ayudarles a investigar violaciones de las normas del programa.

De acuerdo con la ley federal de derechos civiles y el Departamento de Agricultura (USDA) reglamentos de derechos civiles y políticas, el USDA, sus Agencias, oficinas y empleados, y las instituciones que participan en o administran los programas del USDA de Estados Unidos tienen prohibido discriminar por motivos de raza, color, origen nacional, sexo, discapacidad, edad o represalia o venganza para actividades antes de los derechos civiles en cualquier programa o actividad llevada a cabo o financiada por el USDA.

Las personas con discapacidad que requieran medios alternativos de comunicación para la información del programa (por ejemplo, Braille, letra grande, cinta de audio, Lenguaje de Signos Americano, etc.) deben ponerse en contacto con la Agencia (estatal o local) donde solicitaron beneficios. Las personas sordas o con problemas de audición o discapacidades del habla pueden comunicarse con el USDA a través del Servicio de Retransmisión Federal al (800) 877-8339. Adicionalmente, la información del programa puede estar disponible en otros idiomas además del inglés.

Para presentar una queja de discriminación del programa, favor de completar el Formulario de USDA Queja de discriminación del Programa, AD-3027, que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, y en cualquier oficina del USDA, o favor de escribir una carta dirigida USDA y favor de poner en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envié el formulario completado o una carta al USDA por: (1) correo: Departamento de Agricultura, Oficina del Secretario Adjunto de Derechos Civiles, 1400 Independence Avenue, SW, Washington, DC 20250-9410 EE.UU.; (2) Fax: (202) 690-7442; o (3) Correo Electrónico: program.intake@usda.gov.

Esta institución es un proveedor de igualdad de oportunidades.

Special Diets

Children with medical dietary needs that require food to be modified must contact the child nutrition department at *specialdiets@laveeneld.org* (note the designated email address) and complete the Special Diet Form which must be signed by your child's doctor. Please allow 10 days for processing.

Religious or Non-Medical Preferences
If the special diet request is related to religious or other non-medical preferences, please contact your cafeteria manager to discuss how we can tailor our daily choices for your child.

Peanut Allergies
Laveen District cafeterias are all peanut free facilities.

Other Special Diets
Notify the school nurse if your child requires a special diet to the following conditions: Diabetes, Celiac Disease, Swallowing Disorders or other disabilities.

Online Menu Portal
School menus are available online through Nutrislice. Visit laveen.nutrislice.com to review nutrition information, filter our menus by allergens, and view carbohydrate counts.

Contact: Child Nutrition 602-237-9100 ext. 3044

Web Resource:
http://www.laveeneld.org/special-diets

-Programs & Services
-Child Nutrition
-Special Diets

Updated 8/16/18

LAVEEN DISTRICT SPECIAL DIET PROCEDURES

The Special Diet form can be found on the Laveen District website at:
http://www.laveeneld.org/programs-services/student-nutrition/nutrition-information/

When a request for a dietary modification to the regular menu is *requested* from a parent/guardian to a teacher, attendance clerk, health associate, administrator, district personnel, etc., the following steps will be taken:

1. Whoever receives notification will present the Special Dietary Request Form to the parent/guardian *or* direct the parent/guardian on how to locate the form on the district website.
2. Whoever receives the notification/request will ***immediately*** inform via email the Nutritionist about the request.
3. The Nutritionist will inform via email the District Registered Nurses (RN), cafeteria manager, and other appropriate parties, which may include the principal, front office staff (secretary, attendance clerk, receptionist), health associates, school psychologists, and teachers.
4. The Health Associate will update Synergy with the appropriate alert for the student.
    a. All contact made by the Health Associate, District RN, and/or Nutritionist with the parent/guardian regarding the Special Dietary Request Form will be documented in Synergy via the contact log (even if it is a failed attempt).
5. The Nutritionist will update the cafeteria Point of Sale (POS) with the allergy, restriction, or sensitivity.
    a. *A reasonable modification will be made if the student consumes any meal from the cafeteria as soon as they are notified (this may limit food choices available). However, a replacement item or special menu may not be given without the appropriate form.*
6. The District RN and/or Nutritionist will identify whether an existing 504 plan is on file for the student and if so, if it includes the necessary dietary modifications.
7. If there is no 504 plan on file that includes dietary information, the Nutritionist and/or District RN will make reasonable attempts to contact parent and/or physician (as appropriate per each individual case) to obtain completed and signed form.
    a. Form ***must*** include patient diagnosis, necessary accommodations, substitutions, and appropriate signatures.
    b. If a 504 plan seems necessary for the student, the Nutritionist will contact the school psychologist to notify them of the student's disability.
8. The completed form will be returned to the Nutritionist who will then forward copies to all necessary parties to discuss any protocols for diet accommodation.
9. The Nutritionist will review the form and determine how the accommodation will be made.
    a. The Nutritionist will ***immediately*** communicate what needs to be done with the Cafeteria Manager.
    b. The Nutritionist will provide any additional resources such as a special menu*, additional training, etc.
        **Due to ability to stock items required for a food substitution in the cafeteria, it may take up to 10 business days for a special diet accommodation to come into effect.*
10. The Cafeteria Manager will keep a copy of the form on hand, as well as any guidance/directives from the Nutritionist.
    a. The Cafeteria Manager will communicate any special dietary accommodations to all cafeteria staff.
11. A special diet accommodation will remain in effect until further notice or until updates are made.
    a. The form will carry over from school year to school year.
    b. If a special diet is no longer required, the parent/guardian must notify the District RN and Nutritionist in writing.
    c. If changes need to be made for the special diet accommodation, a new form signed by a recognized medical authority must be completed.
12. If a completed Special Dietary Form is not on file, the Child Nutrition Department, the School, and the School District cannot be held liable for meals consumed by the student.

Updated 8/16/18

LAVEEN DISTRICT SPECIAL DIET PROCEDURES

ROLES AND RESPONSIBILITIES

1. **Family Responsibilities**
    a. Notify the school of the student's allergies or other disability requiring dietary modification.
    b. Complete the Special Diet form and provide written medical documentation, instruction, and medications as directed by a recognized medical authority.
    c. Work with the District RN, School Psychologist, and Nutritionist *as needed* to review and discuss accommodations the student will need throughout the school day.
    d. Educate the student in the self-management of their food allergy or other life threatening disease.
    e. Notify the cafeteria if a student will not be attending school or eating in the cafeteria on certain days to reduce food waste.

2. **Student's Responsibilities** *(to the extent that they are able)***:**
    a. Should not trade food with others.
    b. Should not eat anything with unknown ingredients or known to contain any allergen.
    c. Should notify an adult immediately if they eat something they believe may contain a food to which they are allergic or should not eat.

3. **District's Responsibilities**
    a. Be knowledgeable about and follow applicable federal laws that apply (ADA, Section 504, FERPA, etc.).
    b. Consider eligibility for 504 plan as indicated by disability.
    c. Review the notification and health records submitted by parents and the recognized medical authority.
    d. Follow district procedures as listed above.
    e. Coordinate with the District RN or assign school staff in making sure the student's medications are properly stored and accessible in case of emergency.
    f. Communicate with all staff involved with the student to ensure the student is not exposed to an allergen and receives appropriate meals throughout the school day.
    g. Review policies/administrative procedures with the appropriate staff.

CONTACTS:

- Bethany Hultstrand, Registered Dietitian Nutritionist (RDN)
    - cell: 612-644-0811; office: 602-237-9100 ext 3043
    - email: bhultstrand@laveeneld.org; specialdiets@laveeneld.org

- Mariela Fernandez, District Registered Nurse (RN)
    - cell: 602-515-8681; email: mfernandez@laveeneld.org; ext 3061
    - Cheatham, M.C. Cash, Vista, Rogers Ranch
        - Office at Rogers Ranch

- Lucinda Sorensen, District Registered Nurse (RN)
    - cell: 602-761-8919; email: lsorensen@laveeneld.org; ext 3060
    - Trailside Point, Paseo Pointe, Desert Meadows, Laveen
        - Office at Laveen

LAVEEN DISTRICT SPECIAL DIET PROCEDURES

OTHER INFORMATION

- The Child Nutrition Department will provide an individualized special menu for students with a disability as defined by ADA (including life-threatening food allergies) and if the appropriate form is filled out.
    - If the special diet request is related to religious, lifestyle, or other non-medical preferences, the Child Nutrition Department will try to accommodate *within* the current menu only.
    - It is recommended to review the online menu that includes the meal choices for the each day, allergen information, and nutrition information at http://laveen.nutrislice.com/ to help make the best choice for each student and their family.
- **Lactose Intolerance** – A reaction of the body's metabolic system to a component of milk products resulting in an interference with digestion.
    - Students can have a nutritionally equivalent substitute (soy milk or lactose free milk) offered with breakfast or lunch if a written request is received from the parent/guardian.
    - **Lactose Intolerance is *not* the same as a milk allergy. If a student has a milk allergy, please see Life Threatening Food Allergies section below for more information.**
- **Life Threatening Food Allergies** – a reaction of the body's immune system to treat the food ingested as a foreign or unfriendly substance, causing the body to release antibodies. Symptoms are seen almost immediately.
    - A reasonable modification will be made as soon as notification from the parent is received. However, a replacement item may not be given without the appropriate form on file. Please note that without a Special Diet form on file, this may limit food choices offered to the student.
        - The Child Nutrition Department wants to ensure the safest possible environment for all students. It is impossible to eliminate all food allergens totally from school meal programs due to the number of food sources that come into the school, the potential for hidden ingredients, and the possibility of contamination of food where it is packaged. Additionally, ingredients may be changed by the manufacturer without prior notice.
    - Food substitutions will be made as described by the student's physician (or other recognized medical authority) outlined in the Special Diet Form.
- **Other Special Diet Requests**
    - Special Diets will be accommodated if:
        - A student has a disability as defined by the ADA including diabetes, Celiac's disease, feeding/swallowing difficulties, life-threatening food allergies, etc.
        - The Child Nutrition Department receives a Special Diet Form signed by a recognized medical authority.
        - A recognized medical authority provides guidelines for a special diet including but not limited to: foods to include or not include, texture modifications, and what substitutions to make.
    - A reasonable modification will be made as soon as notification from the parent is received. However, a replacement item may not be given without the appropriate form on file. This may limit food choices offered to the student.
- **Recognized Medical Authority**
    - The seven medical professionals listed below are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona.
        - Physicians (A.R.S. §§ 32-1451(N), 32-1491)
        - Physician Assistants (A.R.S. § 32-2532)
        - Dentists (see A.R.S. §§ 32-1263.01(E), 32-1298)
        - Nurse Practitioners (A.R.S. § 32-1663(G))
        - Homeopathic Physicians (A.R.S. §§ 32-2934(O), 32-2951)
        - Naturopathic Physicians (A.R.S. §§ 32-1501, 32-1551(I), 32-1581)
        - Osteopathic Physicians (A.R.S. §§ 32-1855(J), 32-1871)

Updated 7/16/2018

Medical Statement for Special Dietary Accommodations

In order for your child to have their school meal modified or substituted, please have a State Recognized Medical Authority fill out this form in full.

OFFICE STAFF ONLY

Send to Nutritionist as soon as form is received.

Date Received: _____ Initials: _____

Complete: ☐ Incomplete: ☐

Part I (To be completed by Parent/Guardian)

Name of Student (Last): _____ (First): _____Date of Birth: ___/___/_____

School Attended: _____ Grade:_____ Student ID#:_____

Which meals will the child eat at school? (please circle) Breakfast Lunch After School Snack

Parent/Guardian: _____ Phone Number: _____ Email: _____

I give Student Services/Child Nutrition Services permission to speak with the below named medical authority to discuss the dietary needs described below.

Parent/Guardian Signature _____ Date: _____

Part II (To be completed by a State Recognized Medical Authority only)

Medical Condition: _____

Does this medical condition restrict the student's diet? Yes No

If yes, please explain how the medical condition or disability restricts their diet:

_____

_____

Does the child have a food allergy? Yes No

If yes to any of the above questions, Part III must be completed and signed by a State Recognized Medical Authority. If no to both questions, accommodations are not required to be made through Child Nutrition Services.

Foods to be omitted due to food allergy or disability:

____ Wheat	____Gluten	____Eggs	____All egg protein (albumin, etc.)
____ Soy protein	____Cow's Milk	____All dairy products	____All milk protein (casein, whey, etc.)
____ Seafood	____ Peanuts	____ All Nuts	____Tree Nuts

Other (please be specific): _____

Foods to be substituted: _____

Texture Modification: _____ soft _____ minced _____ pureed ____ other (specify) _____

Other dietary modifications required:

_____

This diet order is: _____ Permanent (this diet order will remain in effect during the time the student is enrolled in LESD. A new diet order will be required to change any aspect of information provided in this diet order.)

This diet order is: _____ Temporary (this diet order is effective for the current school year. A new form will be required annually.)

Name of Medical Authority (please print): _____

Signature:_____ Date: _____

Phone: _____ Fax: _____

Mailing Address: _____

Send completed forms to the Child Nutrition Department. Fax: 602-237-7408, Email: specialdiets@laveeneld.org. For questions call 602-237-9100. Accommodations may take up to 10 business days to begin.

INSTRUCTIONS

Part I (to be filled out by parent or guardian):

Name of Student: Enter the student's last name then first name in the appropriate fields
Date of Birth: Enter the student's six-digit date of birth, e.g., May 21, 1988 = 05/21/88.
School Attended: Enter the name of the school that the student regularly attends.
Circle which meals the child eats at school: You may circle multiple options. Please circle even if the child only eats the meals occasionally.
Parent/Guardian: Enter the full name of the student's parent(s) or legal guardian(s).
Phone number: Complete with the area code(s) and phone number for a parent(s)/guardian(s)
Email: Complete email address for the parent(s)/guardian(s)
Signature of Parent/Guardian: Enter the signature of one parent or legal guardian's name. Enter the date when the form was signed.

Part II (to be filled out by medical authority):

Medical Condition: Enter the patient's clinical diagnosis for the condition which requires dietary modification.
Circle Yes or No if the medical condition restricts the patient's diet.
Explain how the medical condition restricts their diet: This is a description of the patient's condition related to dietary modification. Indicate the necessary dietary modification and specify the changes to be made.

Check Yes or No if the child has a food allergy.

Check all of the foods that need to be omitted due to a food allergy, medical condition, or disability. If the item is not listed, please fill in additional foods items under "Other".

Foods to be substituted: State which food substitutions, *if any*, must be made related to the medical condition or food allergy.

Texture Modification: Check the appropriate texture if meals need to have a specific texture modification. Skip over this part if it is not necessary to the medical condition or food allergy.

Other dietary modifications required: Provide an explanation of what must be done to accommodate the child if it is not listed above. For example, this could include caloric modifications related to a medical condition.

Check if the diet is order is permanent or temporary. The diet order is permanent if the child will need to have dietary modifications for the rest of their life. The diet order is temporary if the diet modification is necessary for one year or less.

Name of Medical Authority: Print the name of the medical authority completing the form.
Medical Authority Signature: Enter the signature of the medical authority filling out the form and the date signed.
Enter the phone, fax, and mailing address of the medical authority.

Recognized Medical Authority: The seven medical professionals listed below are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona.

- Physicians (A.R.S. §§ 32-1451(N), 32-1491)
- Physician Assistants (A.R.S. § 32-2532)
- Dentists (see A.R.S. §§ 32-1263.01(E), 32-1298)
- Nurse Practitioners (A.R.S. § 32-1663(G))
- Homeopathic Physicians (A.R.S. §§ 32-2934(O), 32-2951)
- Naturopathic Physicians (A.R.S. §§ 32-1501, 32-1551(I), 32-1581)
- Osteopathic Physicians (A.R.S. §§ 32-1855(J), 32-1871)

Making Lunch Payments

We offer two options to add money to your child's account, through EZSchoolPay.com or in person by cash or check.

Option 1: EZSchoolpay.com
We strongly encourage parents/guardians to set up an online account with EZSchoolPay.com to add money to via debit or credit card. This account, even if you do not fund your child's account, will allow you to monitor your child's meal account balance and receive low-balance email alerts. The online payment option is a quick and secure way to deposit money to your child's meal account. There is no lag time and accounts will be updated instantly.

Option 2: Cash or Check
Students can pay for their lunch in line during meal service, or parents may deposit money in their child's lunch account to pay for lunches by the week, month, or year. Advance payments made by cash or check should be taken to the cafeteria before school starts (during breakfast) to ensure accounts are properly credited before lunch. Checks need to be made out to the school cafeteria lunch fund. Please write your child(ren)'s full name on the check. Receipts for cash or checks are available upon request.

Meal Charge Policy
When a student's account balance drops to the equivalent of two lunches remaining, the cafeteria manager will provide a verbal reminder to the student to bring more lunch money. This amounts to $0.80 for a reduced-price student and $4.60 for a full-paid student. Students who forget to bring lunch money or do not have sufficient funds to cover the price of the lunch will be able to accrue up to two charges; thereafter, students will be provided a meal at no cost that consists of a cheese sandwich, fruits, vegetables, and white milk. This meal still meets all USDA meal requirements. Students will never be denied nourishment due to lack of lunch money.

Contact: Child Nutrition
Web Resource:
http://www.laveeneld.org/payment-info

Programs & Services
-Child Nutrition
-Meal Payments