

Academy School District 20
2024-2025 Application for Free/Reduced-Price School Meals & Family Economic Data Survey

Dear Parent/Guardian:

Children need healthy meals to learn. **Academy District 20** will offer healthy meals every school day through the Healthy School Meals for All Program. **Breakfast and Lunch will be available at no cost to students** in participating schools. The purpose of this form is to determine eligibility for meal benefits for students in non-CEP schools. For students in CEP schools, the information will be used to determine eligibility for other types of benefits.

By completing the Free and Reduced Meal Application packet and being approved for the meal program, your student(s) could possibly receive a reduction and/or waiver in school fees and other programs outside of the meal program. To receive assistance with fees such as athletics, device fees, exams, etc. **you must have an approved F&R meal application on file for the 24-25 school year).** Once your application has been approved you can contact your students' school to find out if assistance is available for the 24-25 school year.

By applying you increase School Funding and Grant opportunities for your student's school.

If this letter does not have the application packet attached, or you would like to apply online, you can go to the District website, just type in FREE in the search box, the first title to come up will be the free and reduced page, click on it. Instructions for printing an application and how to apply online are on this site. If you print an application, please complete, and turn it in to **your student's school, the EAC (Education and Administration Center, 1110 Chapel Hills Drive, CO 80920), or email to free-and-reduced@asd20.org.**

Below are common questions and answers to help you with the application process.

1. WHAT IS THE BENEFIT OF APPLYING FOR FREE/REDUCED MEALS?

- a. Meals will be provided for free to all Academy District 20 students, at participating schools, through Healthy School Meals for All. However, it's important for us to continue gathering this information to receive full access to available federal funds that support nutritional programs at your school.
- b. Families who qualify may receive discounted school fees, class materials, bus passes, utilities support and more.
- c. Your children may qualify for free or reduced status if your household income falls at or below the limits on this chart. Your students may also qualify if they are on SNAP, TANF, Medicaid, or if they are identified as Foster, Homeless or Migrant status. Please contact us for more details.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024 – 2025 (Reduced)			
Household size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	\$37,814	\$3,152	\$728
3	\$47,767	\$3,981	\$919
4	\$57,720	\$4,810	\$1,110
5	\$67,673	\$5,640	\$1,302
6	\$77,626	\$6,469	\$1,493
7	\$87,579	\$7,299	\$1,685
8	\$97,532	\$8,128	\$1,876
Each additional person:	\$9,953	\$830	\$192

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 have not already been notified that your children will receive free meals, please call, or e-mail **Aubrey Ranson (CWEL), our Child Welfare Education Liaison and McKinney-Vento Liaison, 719-234-1362, aubrey.ranson@asd20.org. or Heidi Solis, our Community Liaison – Immigrants 719-234-1385, Heidi.solis@asd20.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: **Your student's school, the EAC (Education and Administration Center, 1110 Chapel Hills Drive, CO 80920), or email to free-and-reduced@asd20.org.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household are missing from your eligibility notification, contact the Free and Reduced Meal Registrar at 1110 Chapel Hills Drive, Colorado Springs, CO 80920, 719-234-1416, or email free-and-reduced@asd20.org 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.
Online applications are available through the **Parent Portal** .
 - If a problem occurs while applying online, please contact our help desk at 719-234-1777.
 - To learn more about the online application process contact the Free and Reduced Meal Registrar at 719-234-1416, or free-and-reduced@asd20.org.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only valid for that school year and for the first 30 days of this school year. You must send in a new application unless the school notified you that your child is eligible for the new school year.
7. I RECEIVE WIC. CAN MY CHILDREN RECEIVE FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in a completed free and reduced-price school meal application.
8. WILL THE INFORMATION I GIVE BE CHECKED? You may be selected to provide written proof of the household income you report on the application.
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 Jennifer Duarte at **719-234-1200** or jennifer.duarte@asd20.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. Immigration, migrant, citizenship, or refugee status is not required to be provided during the application process, and families should continue to apply for free or reduced-price school meals. The application does require the last four numbers of a Social Security number or an indication that there is no Social Security number. Social Security number information is not reported to any organization outside of **Academy School District 20**.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 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. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
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. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.

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, or receive Family Subsistence Supplemental Allowance payments, 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 or contact **the Free and Reduced Meal Registrar at the number and address below** 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 other assistance benefits, contact your local assistance office. Colorado PEAK is an online service to screen and apply for medical, food and cash assistance programs. It can be accessed at <http://coloradopeak.force.com/>.

If you have other questions or need help, contact; the Free and Reduced Meal Registrar at 1110 Chapel Hills Drive, Colorado Springs, CO 80920, 719-234-1416, or email free-and-reduced@asd20.org

Sincerely,

Academy District 20 Free and Reduced Meal Registrars

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, 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:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Academy District 20; 2024-2025 Application for Free/Reduced-Price School Meals & Family Economic Data Survey

Complete one application per household. Please use a black or blue pen (not a pencil). The purpose of this form is to determine eligibility for meal benefits for students in non-CEP schools. For students in CEP schools, the information will be used to determine eligibility for other types of benefits.

STEP 1 List ALL Students' attending ASD20 (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date					Grade						
			M	M	D	D	Y	Y		Foster Child	Head Start	Runaway	Homeless	Migrant

Check all that apply. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

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

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number TANF Case Number FDPIR Case Number

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

A. Student Income
Please include the **TOTAL** income, if any, received by all students listed above.

How Often?

Student Income	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Other Household Members (including yourself)
In the spaces below list all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS INCOME (BEFORE TAXES AND OTHER 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 that there is no income to report.

Names of All OTHER Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Child Support/Alimony	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input style="width: 100%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members **Last four digits of Social Security Number (SSN) or mark "no SSN"** of adult signing this form only if Step 3B has been completed. **XXX-XX-** **Check box if no SSN**

STEP 4 Contact information and adult signature. Mail signed and completed application to: 1110 Chapel Hills Drive, Colorado Springs, Co, 80920

"I certify my children are not receiving Summer EBT benefits in another state or Indian Tribal Organization. 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."

	CO		
Mailing Address or PO Box	State	Zip Code	Email Address
Home or Cell Phone Number	SIGNATURE of Adult Household Member (Required)		Printed First and Last Name of Signer
			Today's Date

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

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for **food stamps**
- Referrals to **food pantries** and free meals
- Get information on child and senior **nutrition programs**

Food Resource Hotline
CALL US TODAY! STATEWIDE TOLL-FREE **855-855-4626**
METRO DENVER **720-382-2920**

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las **estampillas de comida**
- Derivaciones a **bancos de comida** y comidas gratis
- Obtenga información sobre **programas de nutrición** para niños y ancianos

Línea Directa de Recursos de Comidas
¡LLÁMENOS HOY! LÍNEA ESTATAL **855-855-4626**
METRO DENVER **720-382-2920**

HUNGER FREE COLORADO HungerFreeColorado.org

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 submit all needed information, we cannot approve your child for free or reduced price meals or Summer-EBT. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply for Summer-EBT 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, 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.

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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 2. Fax: (833) 256-1665 or (202) 690-7442; or 3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

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

Application Type:
 Total Household Income: \$ _____ Household Size: _____
 Household Income Frequency - Weekly Bi-Weekly 2x/Month Monthly Annually
 Categorical Eligibility - SNAP FDPIR TANF Foster
 Homeless/Migrant/Runaway/Head Start

Application Status:
 Approved - Free Reduced
 Denied - Over Income Guidelines Incomplete/Missing: _____
 Notes: _____

Determining Official Signature: _____

Approval/Denial Date: _____

Notification Sent: _____

Academy School District 20

2024-2025 - FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION RELEASE OF INFORMATION

Dear Parent/Guardian:

Purpose: By selecting from the programs listed below and signing this form, you are giving permission to share the results of your Free and Reduced-Price Meals Application. This eligibility status (Free, Reduced or Paid) may qualify your students for a reduction and/or waiver of fees in these programs. **We must have your written permission to share your eligibility** before we may do so. **Submitting this form will not change whether your children get free or reduced-price meals. If you DO NOT wish to share STOP here, you do not need to turn this form in.**

Yes! I DO want school officials to share my eligibility from my Free and Reduced-Price School Meals Application with the appropriate personnel for consideration of elimination/reduction of the school/district fees associated with the items checked below. **I understand that sharing this information does not ensure that school/district fees for the items selected will be reduced or waived** and that I **must** contact the specific program at each of my student(s)' schools to determine if free and reduced meal status is a consideration for elimination/reduction of fees.

Check all that apply:

- COURSE FEES DISTRICT PROVIDED DEVICE FEE ATHLETICS HS ATHLETICS M/E FIELD TRIPS
- SCHOOL SUPPLIES EXAMS (AP) and/or (IB) MUSIC EQUIP RENTAL FEE SCHOOL SPONSORED CLUBS SUMMER SCHOOL

If you checked yes to any or all of the boxes above, then please fill out the information below. Your information will be shared only with the programs you checked. The receiving program will not share your information with anyone else.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Address: _____

Return this form with your Free and Reduced Priced Meal Application to your school, or mail it to the Education and Administration Center, F & R Meal Program, 1110 Chapel Hills Drive, Colorado Springs, CO 80920, or scan and email to free-and-reduced@asd20.org. If you have any questions, contact the Free and Reduced Meal Registrar at (719) 234-1416

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