

Home of the "Mustangs"

MAINE CONSOLIDATED SCHOOL #10

10 Spring Valley Road PO Box 50010 Parks, AZ 86018 Superintendent - Dr. Justin Roberson (928) 635-2115 Fax (928) 635-5320

November 1, 2021

Dear Maine Consolidated Families:

Salutations. I hope you are well.

We desperately need your support with the attached document.

This is a free and reduced form. Currently, our lack of form completion is out of compliance with federal and state regulations and has adversely affected our funding.

This year it is the case, students can eat breakfast and lunch at school for free. But we still need these forms on record for funding purposes.

Please fill out the attached form so we can apply to get lost funding as well as apply for other funding opportunities in the future.

This funding can help with everything from books in the classroom to tutoring interventions for students to facility improvements.

The free and reduced form is attached, please return as soon as possible.

A lot of the funding opportunities are competitive, meaning on a first come basis so please help us provide the best possible educational opportunities for our students.

If you have any questions, please do not hesitate to contact me directly. iroberson@mcsdio.org or 928.606.8240. Take care.

Kind regards:

Dr. Justin Roberson Superintendent

Maine Consolidated School District

jroberson@mcsd10.org



It's More Than a Meal Application!

The information collected on meal applications for the National School Lunch Program (NSLP) can do more than just provide free and reduced-price meals.





P-EBT

Eligibility to receive Pandemic EBT.



School Funding

Maintains funding for student programs and services.



Academic Tests

Reduced registration fees for 10-AP, SAT, and/or ACT tests.



Athletics

Free or discounted fees to participate in most sports.



College Application Fees

Discounted rates on fees associated with applying for college.



Internet Access

Eligible for discounted rates on internet services.



School Meals

Free or reduced prices on delicious and nutritious meals.



Turn in your meal application today to take advantage of these additional benefits and ensure your school continues to receive funding!

Complete one application per household. Please use a pen (not a pencil) Sign Meduced Frice School Meals

STEP 1

"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 Street Address (if available) Signature of adult completing the form false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give Printed name of adult completing the form STEP 4 Income Section for Adults" chart will help for Children" chart will help you with the Child Household Members you with the Adult Income Section application and review the charts titled information of Income" for more Flip to the back of this The "Sources of Income The "Sources of Income 'Sources income to include Are you unsure what eligible for free meals Migrant or Runaway are definition of Homeless and children who meet the Children in Foster care even if not related." STEP 3 income and expenses, living with you and shares Member: "Anyone who is STEP 2 Definition of Household Contact information and adult signature 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) Report Income for ALL Household Members (Skip this step if you answered 'Yes' to 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 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 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 B. All Adult Household Members (including yourself) Household Members listed in STEP 1 here Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children A. Child Income If you answered NO > Complete STEP 3. **Total Household Members** Child's First Name (Children and Adults) Apt# Daytime Phone and Email (optional) Today's date City 69 49 49 Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS Earnings from Work If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member State ZID ≤ Bi-Weekly 2x Month Child's Last Name Follow-Up Official's Signature: ☐ Selected For Verification: Confirming Official's Signature. Ulncome Application ☐Case # Application Determining Official's Signature: Eligibility: Free_ 40 Child Support/Alimony Public Assistance/ Reduced □Foster Application Per: □Week □Bi-Weekly (Every 2 Weeks) \times Child GROSS income Denled × × Bi-Weekly 2x Month How often? × □ Directly Certified: Date of Disregard OFFICE USE ONLY × Weekly Bi-Weekly 2x Month Monthly School Name How often? Case Number: Date □2x Month □Monthly □Annual All Other Income Pensions/Retirement/ Check if no SSN Write only one case number in this space Weekly Bi-Weekly 2x Month □Error Prone Check all that apply Foster Migrant, Runaway

S	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	A child is blind or disabled and receives Social Security benefits.
-Survivor 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 <u>regularly</u> 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	or Adults
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad
 Net income from self- 	- Workers Compensation	Section Section 19
employment (farm or business)	- Supplemental Security	- Private Pensions or disability
If you are in the U.S. Military:	Income (SSI)	- Regular income from trusts or estates
 Basic pay and cash bonuses (do not include combat pay, 	 Cash Assistance from State or local 	- Annuities
FSSA, or privatized housing allowances)	government	- Investment Income
-Allowances for off-base	- Alimony payments	- Earned Interest
housing, food and clothing	- Child support payments	- Rental Income
	- Veteran's benefits	- Regular cash payments from outside
	- Strike benefits	

OPTIONAL Children's Racial and Ethnic Identities

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. 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

Ethnicity (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

Asian ☐ Black or African American

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), price meals. You must include the last four digits of the social security number of the adult household The Richard B. Russell National School Lunch Act requires the information on this application. You into violations of program rules. do not have to give the information, but if you do not, we cannot approve your child for free or reduced benefits for their programs, auditors for program reviews, and law enforcement officials to help them look information with education, health, and nutrition programs to help them evaluate, fund, or determine administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility your information to determine if your child is eligible for free or reduced price meals, and for adult household member signing the application does not have a social security number. We will use Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights conducted or funded by USDA sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity or administering USDA programs are prohibited from discriminating based on race, color, national origin, regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in

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

☐ Native Hawaiian or Other Pacific Islander

□White

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

This institution is an equal opportunity provider.