Application #: 2024-2025 School Meals and Summer EBT Application (For Both Standard & CEP Schools/Sites)

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

APPLY ONLINE: www.apsedu.org
RETURN TO (School/District Name): Alpha School

ADDRESS: 817 North Boulevard Alpha, NJ 08865

Mailing Address (REQUIRED)		Print Name of Adult Signing the Form	"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 (confirm) the information. I am aware that if I purposely give false information, my children may lose meal and/or Summer EBT benefits, and I may be prosecuted under applicable State and Federal laws. For Summer EBT Only: I certify that I am not already receiving Summer EBT benefits in another State.	STEP 4 Contact information and adult signature.	B. Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.	Total Household Members (Children and Adults)						Name of Adult Household Members (First and Last)	deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 'O'. If you enter 'O' or leave any fields blank, you are certifying (promising) that there is no income to report. Public Pensions, Retirement, How often received? Assistance, How often received? Assistance, How often received? Assistance, How often received?	A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member	STEP 3 List ALL household members and income for each member (before taxes and deductions	O NO Go to STEP 3. O YES W	STEP 2 Do any household members (including you) participate in: SNAP,						List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household. Child's First Name School Grade Foster Child Migrant Worker Runaway Homeless	STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more named to the state of paper if you need space for more named to the state of paper if you need space for more named to the state of paper if you need space for more named to the state of paper if you need space for more named to the state of paper if you need space for more named to the state of paper if you need space for more named to the state of paper if you need space for more named to the state of paper if you need space for more named to the state of the st
City			on is true and give false in ceiving Summ	RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:	me. eceived by	*Last Four Digits of Social Security Number (SSN) of Primary Wage Earneror other Adult Houxhold Member (If Applicable)	₩.	\$	\$	4	v	from Work	i) only. If they	with you and (including you	ach member	Write case number here and proceed to STEP 4.	articipate in:						nts, children a ıst Name	nd including
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		Signature of Adult	income i in, my ch enefits ir	ORM TO	\$	ocial Secu Houœhold	0	0	0	0	0	Every 2 Weeks	eceive in	ncome an	taxes and	nd procee	TANF, or FDPIR?						other sch	. Attach
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Zip			at this inform or Summer EB	Insert school address here	How oft Every 2) 2 Weeks 2	Vage	·v›	·s	s	₩.	•	Alimony	e '0'. If you er Public Assistance,	ated, includin		CASE NUMBER (<u>NOT</u> EBT NUMBER							and children no	ou need space
			ation is g T benefit	ol addres	How often received? 2X Month N S		0	0	0	0	0	Weekly	iter '0' o	nold Men		OT EBT NL							ot applyin	for mor
Phone				s here	fonthly	*Requirec School N	0	0	0	0	0	Every 2 Weeks	How o	nber liste		MBER):							g for bend Grade	e names.
			in connection with the receipt of Federal funds, and that school officials may verify d I may be prosecuted under applicable State and Federal laws.		Annual	*Required if Applying for School Meals Only	0	0	0	0	0	s 2x Month	e any fields blar low often received?	listed, if they receive income, report total gross income (before taxes and									efits. This inc Fost	
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_ 	_	- 1 ⊳	ceipt of Fe der applica		Please see application's back for list of income sources.	Check if no SSN 🔲	\$	\$	45	w	40	Income	e certifying (promi Pensions, Retirement, Social Security, SSI,	me, report] [] []		dren not related to Migrant Worker	
Email		Foday's Date	deral fund able State		on's back urces.							, All Other	g (promisi etirement, rity, SSI,	total gros		Write on							ated to yo /orker R	
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			nat school eral laws.			Check to Opt-out of Summer EBT Benefits	0	0	0	0	0	Every 2 Weeks	there is no	(before ta		Write only one case number in this space] [] [] [household. Homeless	
			officials :			ımer EBT B	0	0	0	0	0	2x Month	e is no income the inc	xes and		this space		Γ	Ste	Apr	refe			
			may verify			enefits 🔲	0	0	0	0	0	Monthly	to report.			•			Step 1: Part C & Part D.	Application Instruction's	refer to the	any of these boxes, please	If you checked	

Earnings from Work Earnings from Work Earnings from Work Child Support All other sources of income Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) Net income from self-employment (farm or business) Net income from self-employment (farm or business) Supplemental Security Income (SSI) Supplemental Security benefits Cash assistance from State or local government Sailary, wages, cash bonuses, tips, commissions Supplemental Security Income (SSI) Supplemental Security benefits Cash assistance (SSI) A child has a regular full or part-time job where they earn a salary or wages A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security 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 A parent is disabled and receives and their child receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is blind or disabled and receives Social Security benefits A child is b		Sources of Income		Examples of Income for Children
yment (farm or yment benefits	Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	A child have possible full or part time inhouse the company of the company
 Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local Income from trusts or estates Annuities Almony payments Child support payments Veterans' benefits Agovernment Almony payments Perivate Pensions or disability benefits Annuities Income from trusts or estates Annuities Investment income Earned interest Rental income Aregular cash payments from outside household Aregular cash payments from outside household 	 Salary, wages, cash bonuses, tips, commissions 	 Unemployment benefits 	 Social Security/Disability (including railroad 	A china has a regular runor part-time Job where they earl a salary of wages
 Cash assistance from State or local Income from trusts or estates Annuities Alimony payments Child support payments Veterans' benefits Strike benefits Regular cash payments from outside household 	 Net income from self-employment (farm or business) 	 Workers compensation Supplemental Security Income (SSI) 	 retirement and black lung benefits Private Pensions or disability benefits 	
rollude Alimony payments Child support payments Child support payments Veterans' benefits Strike benefits Regular cash payments from outside household	If you are in the U.S. Military:	 Cash assistance from State or local government 	 Income from trusts or estates Annuities 	
Child support payments Veterans' benefits Strike benefits Regular cash payments from outside household	Basic pay and cash bonuses (do NOT include	 Alimony payments 	 Investment income 	
 Veterans' benefits Rental income Strike benefits Regular cash payments from outside household 	combat pay, FSSA, or privatized housing	 Child support payments 	Earned interest	
Strike benefits Regular cash payments from outside household	allowances)	 Veterans' benefits 	Rental income	 A child receives regular income from a private pension fund, annuity, or trust
	 Allowances for off-base nousing, tood, and clothing 	Strike benefits	 Regular cash payments from outside household 	
	OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.	tities. This information is kent confident		

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Race (check one or more):

American Indian or Alaska Native ☐ Asian □ Black or African American ☐ Native Hawaiian or Other Pacific Islander □ Not Hispanic or Latino ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For School Use Only

Determining Official's Signature Date	Weekly	Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed. Total Income How Official Total Income
	Weeks Month Month	eks × 26, Twice a Mor How Often?
Confirming Offi	Monthly Annual	1th × 24, Monthly
Confirming Official's Signature Date	Categorical Eligibility	 12. Do not annualize income to determ
Verifying Official's Signature	Free Reduced Denied	nine eligibility unless more than one income fr
nature Date	Yes No No	requency is listed.

Use of Information Statement

and law enforcement may also use your information to make sure that program rules are this application to see who qualifies for free or reduced price meals. We can only approve nutrition programs to help them deliver program benefits to your household. Inspectors complete forms. We may share your eligibility information with education, health, and The Richard B. Russell National School Lunch Act requires that we use information from

Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Please be sure to provide the last four numbers of the Social Security number of the adult Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Social Security Number'. Applications for a foster child do not need to list a Social Security household member who signs the application. If the adult does not have one, 'Check if no

get free meals for a foster child, and children who are homeless, migrant, or runaway. Some children qualify for free meals without an application. Please contact your school to

Return completed form to your child's school

The contact information below is solely to file a complaint of discrimination

Federal Relay Service at (800) 877-8339. from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited 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 alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require

name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form 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: $\frac{17Fax2Mail.pdf}{1}$ from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's

* MAIL: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights EMAIL: Program.Intake@usda.gov (833) 256-1665 or (202) 690-7442; or * Do not mail applications to this address, only complaints

This institution is an equal opportunity provider

Washington, D.C. 20250-9410

NO FAMILYCARE SHARING INFORMATION WITH MEDICAID OF

Dear Parent/Guardian:

If your children get federal free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the School Meals and Summer Differ to enroll your children. Filling out the School Meals and Summer allows and summer and summer does not automatically enroll your children. Filling out the School Meals and Summer Differ to enroll your children.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

		Address:		Printed Name:
	:ətsd		arent/Guardian:	Signature of P
				Child's Name:
	11 MA MARIA (110 MA)		MATERIAL II	Child's Name:
		School:		Child's Name:
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Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.