

HAMPTON LANGUAGE SURVEY

Hampton Public Schools

Hampton, Arkansas

CUESTIONARIO SOBRE EL IDIOMA HABLADO EN EL HOGAR

Date: _____

Student's Name: _____

(Nombre del Estudiante)

Gender: _____

(Genero)

Student's ID: _____

(Numero de Identificacion del Estudiante)

Date of Birth: _____

(Fecha de Nacimiento)

Month

Day

Year

(Mes)

(Dia)

(Año)

Place of Birth: _____

(Lugar de Nacimiento)

School: _____

(Escuela)

Grade: _____

(Grado)

Age: _____

(Edad)

What was/were the first language(s) the student learned to speak?

¿Cual fue(ron) el/los primer idioma(s) que aprendio a hablar su hijo?

What language(s) are spoken in the home?

¿Que idioma(s) se hablan en el hogar?

What language(s) are spoken or understood by the child?

¿En que idioma(s) habla o entiende el nino?

What language(s) are spoken or understood by adults in the home?

¿En que idioma(s) se hablan o entienden los adultos en el hogar?

What written language would you prefer to receive school communications (such as attendance letters, permission forms, etc)?

¿En que idioma usted prefiere recibir la comunicacion escrita por parte de la escuela (tal como cartas de asistencia, formularios de permiso, entre otros)?

English

(Ingles)

Spanish

(Espanol)

Other _____

(Otros)

Signature of Parent/Guardin: _____

(Firma del Padre/Encargado)

Office Use Only

Please contact ESOL Coordinator if any language other than English is indicated on any of these questions.

File the original in the student's cumulative folder for all students

Questions 1 thru 4 – If any language other than English is indicated, enter that language in the eSchool language field on the main student screen. Otherwise, enter English in the eSchool language field.

Question 5 – Enter the chosen language in eSchool guardin contact information under the general information tab.

**HAMPTON SCHOOLS
LEAVING CAMPUS/CHECKING OUT POLICY
2021-2022**

Hampton School District is a closed campus. Once students arrive on campus, they must remain the entire day unless:

1. They are enrolled in off-campus vocational or college classes. Release time will be pre-determined and shall be the same each day.
2. They obtain special permission from the Principal or the Principal's designee.
3. Parents check their child(ren) out (in person), or by an approved note that is sent the day before, or by telephone in limited situations such as an emergency. The parent should specify the time of checking out and the reason for checking out, along with how they are to leave the campus. Students checking out will be monitored regularly. All absences shall follow the guidelines of the "Attendance Policy".
4. No person other than a parent or legal guardian may check a student out of school unless the parent notifies the school giving prior approval to another adult.
5. Students are not allowed to check out at any time during the day. Hampton School is a closed campus. A student that checks out will not be allowed back on campus that day unless they have an excused absence, such as a doctor's note.

Students who arrive late or check out early should sign in or out through the Principal's office. Students who are 18 and still enrolled in high school must follow all above policies. They are not allowed to check themselves out unless prior approval is given by the Principal

I, _____, the parent or legal guardian of _____ (student), do give my permission for the following adult(s) (must be 18 years or older) to check my child in or out of school. I understand that all absences shall follow the guidelines of the "Attendance Policy" in order to be excused.

The following adults **have permission** to check my child in or out of school:

The following people may **NOT** check my child out of school:

Date: _____

Hampton Public Schools Health Care Plan
Please fill out completely and return to the school nurse

Student Information

Name: _____ Date of Birth: _____ Age: _____

Teacher: _____ Grade: _____

Guardian: _____ Relationship: _____

Address: _____ Phone: _____

Guardian: _____ Relationship: _____

Address: _____ Phone: _____

Emergency Information

Contacts: (Please list only numbers that can be reached during school hours.)

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Doctor: _____ Phone: _____

Medical Information (Please check all that apply to your child)

Medical Conditions:

- None
- Asthma (4.35F2)
- Allergies
- Attention Deficit
- Diabetes
- Hypertension
- Heart Disease
- Cerebral Palsy
- Seizure Disorder
- Multiple Sclerosis
- Spina Bifida
- Other: _____

Special needs required by your child:

- None
- Diet: _____
- Equipment: _____
- Personal Attendant: _____
- Transportation: _____
- Treatments: _____
- Other: _____

Allergies - Food and/or Medications:

List prescription medications your child takes daily:

Medication Policy Guidelines: (handbook 4.35)

No over-the-counter medications will be provided by the school.

You may provide over-the-counter medications for your child to be locked up in the nurse's office for recurrent problems (such as headaches, stomach ache, etc.).

All over-the-counter medication to be administered by the school nurse must be in the original container and properly labeled. Medications may be labeled for multiple family members. (4.35F)

All Rx medications to be administered by the school nurse must have a current prescription label on the bottle including: name, med, how it is to be given and how often. (4.35F) (4.35F3) (4.35F4)

No medication to be given three (3) times per day or less will be administered at school unless the physician orders it to be given at a specific time during the school day.

Student medications will be kept locked in a cabinet in the nurse's office.

Parents may allow responsible students to keep inhalers or epi-pens on them during the school day. A release form must be signed and submitted to the nurse's office. (4.35F2) (4.35F4)

All student medications are to be picked up by a parent or guardian at the end of the school year.

Nurse Contact Information:

Phone: (870) 798-6128

Fax: (870) 798-6180

Email: pdavis@hampton.k12.ar.us

Address: P.O. Box 1176/485 East Main St.

*****Please notify the school nurse of any changes in the child's health status made during the year.**

- I give consent for medical information regarding this child to be shared with school staff on a need to know basis only.
- I acknowledge that I have read and understand the contents of this form. I understand that if my child comes to the nurse's office in need of medication, emergent care or further attention beyond the capabilities of the school nurse's office, the nurse will attempt to reach me or my emergency contacts listed on the front of this form.
- Hampton School District has my permission to take my child to the nearest medical facility for emergency treatment in the event that the listed contacts cannot be reached.
- I acknowledge that the district, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form

Parent/Guardian: _____ **Date:** _____

Forms Submitted:

- 4.35F
- 4.35F2
- 4.35F3
- 4.35F4
- 4.41

**Hampton School District
Hearing/Vision Billing Consent**

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 123g; 34 CFR Part 99)

I, _____, give permission for my child,
_____’s personally identifiable information/student education records to be disclosed to a Third Party Billing Agent for the purpose of billing Medicaid and/or private insurance.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date Signed

Distrito Escolar de Hampton
Consentimiento de facturación de audiencia / visión del

En cumplimiento de los Derechos Educativos y Privacidad (FERPA) (20 USC § 123g; 34 CFR Parte 99)

Yo, _____, doy permiso para mi hijo,
_____ 's (Nombre del padre/tutor) _____

(Nombre y Apellido) registros educativos del informcion/estudiante de identificación personal que se comuniquen a la facturación de terceros Agente para fines de facturación de Medicaid y / o seguros privados.

Nombre del padre / tutor

Firma del padre / tutor

Fecha de la firma

RESIDENCY FORM

Your answers will help determine if the child/youth meets eligibility requirements for services under the McKinney-Vento Act.

List all of your children birth through age 21.

Name of Child/Youth	School/Program	Age	Grade/ Early Childhood Level	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____ Phone Number: _____

Please choose which of the following situations the child or youth currently lives in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)
- Living in inadequate housing (no heat, no water, mold infested, etc.)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a child or youth living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at (870) 798-2673, or the State Coordinator at 501-683-5428.

Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to \$1,000 (Ark. Code Ann. § 6-18-202(f)).

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

<input type="checkbox"/> Early Head Start or Head Start
<input type="checkbox"/> Transportation to the school of origin
<input type="checkbox"/> Clothing/Uniform
<input type="checkbox"/> School supplies
<input type="checkbox"/> Counseling
<input type="checkbox"/> Medical/dental referral
<input type="checkbox"/> Vision referral
<input type="checkbox"/> Medicaid/DSHS services – food stamps
<input type="checkbox"/> Preschool Enrollment records
<input type="checkbox"/> Missing enrollment records
<input type="checkbox"/> Birth certificate

<input type="checkbox"/> Immunization/medical records
<input type="checkbox"/> Tutoring
<input type="checkbox"/> After-school programs
<input type="checkbox"/> Teen Center
<input type="checkbox"/> Mentoring
<input type="checkbox"/> Special Education
<input type="checkbox"/> Gifted/talented
<input type="checkbox"/> Vocational/technical
<input type="checkbox"/> Community resource
<input type="checkbox"/> Prior academic records
<input type="checkbox"/> LEP/Bilingual program
<input type="checkbox"/> Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Hampton School District** offers healthy meals every school day. Breakfast costs **\$1.35**; Elementary lunch costs **\$2.50** High School lunch costs **\$2.75**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Supplemental Nutrition Assistance Program (SNAP)**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's 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 2021-2022			
Household size	Yearly	Monthly	Weekly
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person:	8,399	700	162

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 **Jana Young at jyoung@hampton.k12.ar.us or call 870-798-6110**

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: **Sharon Jones at sjones@hampton.k12.ar.us or call 870-798-6104**

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 got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Sharon Jones at sjones@hampton.k12.ar.us or call 870-798-6104** 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 hamptonbulldogs.school to begin or to learn more about the online**

application process. Contact **Sharon Jones at sjones@hampton.k12.ar.us or call 870-798-6104** if you have any questions about the online application.

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 good for that school year and for the first few days of this school year, through **September 27, 2021**. 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 CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in 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: **Doug Worley, PO Box 1176, Hampton, AR 71744, 870-798-61001, dworley@hampton.k12.ar.us**.
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.
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 **Sharon Jones at sjones@hampton.k12.ar.us or call 870-798-6104** 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 **Supplemental Nutrition Assistance Program (SNAP)**, contact your local assistance office or call **870-798-4201**.

If you have other questions or need help, call **870-798-6104**.

Sincerely,

Sharon Jones

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 **Hampton School District**. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Sharon Jones at sjones@hampton.k12.ar.us or call 870-798-6104.**

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Hampton School District**, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Hampton School District? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Hampton School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP (Supplemental Nutrition Assistance Program)?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).

A) If no one in your household participates SNAP:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number or identified for SNAP. You only need to provide one case number. If you participate in SNAP and do not know your case number or identified, contact: **870-798-4201**.
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is 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.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

B) List adult household members’ names. 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. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided 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 helps us reach you quickly if we need to contact you.

B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

C) Write today’s date. In the space provided, write today’s date in the box.

D) Share children’s racial and ethnic identities (optional). On the back of the application, we ask 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.

2021-2022 Household Application for Free and Reduced Price School Meals

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

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

Child's First Name	MI	Child's Last Name	Name of School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. Read **How to Apply for Free and Reduced Price**

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?

If NO > Go to STEP 3. If YES > Write a case number or identifier here then go to STEP 4. (Do not complete STEP 3) Write only one case number or identifier. **Case Number or Identifier:** _____

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 the page 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 All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income \$ _____

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all 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) for each source in whole dollars (no cents) 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)	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		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN.

Disclosure (Optional) I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1st).

STEP 4 Contact information and adult signature

"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."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed name of the adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Source of Child Income	Example (s)
Earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.
Social Security ● Disability Payments ● Survivor's 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 person outside the household	A friend or extended family member regularly give a child spending money.
Income from any other source	A child receives regular income form a private pension fund, annuity, or trust.

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● Unemployment benefits ● Worker's compensation ● Supplemental Security Income (SSI) ● Cash assistance from state or local government ● Alimony payments ● Child support payments ● Veteran's benefits ● Strike benefits 	<ul style="list-style-type: none"> ● Social Security (including railroad retirement and black lung benefits) ● Private pensions or disability benefits ● Regular income from trusts or estates ● Annuities ● Investment income ● Earned interest ● Rental income ● Regular cash payments form 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

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. 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 on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) case number or other SNAP 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.

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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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:

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. 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.

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442;
email: program.intake@usda.gov.
This institution is an equal opportunity provider.

Do not fill out For School Use Only

School use only	Annual Income Conversion:	show calculations
Total Income: _____	Weekly _____ X 52= _____	
Per: <input type="radio"/> Week <input type="radio"/> Every 2 Weeks <input type="radio"/> Twice a Month <input type="radio"/> Month <input type="radio"/> Year	2x/month _____ X 24= _____	
Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____	Every 2 wks _____ X 26= _____	
Eligibility: <input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied	Monthly _____ X 12= _____	
Reason for denial: _____	Annual _____ X 1= _____	
Determining Official's Signature: _____	Determination Date: _____	