Enrollment Checklist
AIBT Non-Profit Charter High School, Inc.

RCB College Preparatory Academy

_____ Student Enrollment Form (All pages)

_____ Special Education/504 Information Form (If applicable)

_____ Residency Documentation Form/Affidavit (List)

_____ Home Language Survey

_____ Free and Reduced Lunch Eligibility Form

_____ Designation of Directory Information

_____ Birth Certificate (copy)

_____ Immunization Record (copy)

_____ Proof of Residence (Copy of item from the List)

_____ Withdrawal Form from Previous School (copy)

_____ Unofficial Transcript (copy)

_____ AIMS, AZMERTs, or Stanford scores (copy)

_____ MET, IEP, 504 (copy if applicable)

Revised: 06/30/2017

AIBT Non-Profit Charter High School, Inc.

RCB College Preparatory Academy

Student Enrollment Form

Entry Code: _____
Entry Date: _____
Date entry posted in SMS
Date:_____ Initials ____
Withdrawal Code: _____
Withdrawal Date: _____
Date withdrawal posted in SMS:
Date:_____ Initials ____

New ☐ Returning ☐ School Year:_____

If your child currently has an IEP, you must submit a copy with this application.

PLEASE PRINT.

***STUDENT INFORMATION*:** **GRADE_____** **GENDER: M☐ F☐**

_____ _____ _____

LEGAL LAST NAME | LEGAL FIRST NAME | LEGAL MIDDLE NAME

DATE OF BIRTH: MO._____DAY_____YR._____BIRTH STATE:_____ BIRTH COUNTRY:_____

ADDRESS:_____

STREET (APT. #) CITY STATE ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

P.O. BOX or STREET # CITY STATE ZIP CODE

HOME PHONE:_____ MOTHER'S MAIDEN NAME:_____

STUDENT CELL PHONE:_____STUDENT E-MAIL ADDRESS:_____

MOTHER OR GUARDIAN

STUDENT LIVES WITH: ☐ MOTHER ☐ GUARDIAN ☐ STEP-PARENT ☐ FOSTER PARENT ☐ OTHER_____

_____ _____ ☐ FULL CUSTODY ☐ JOINT CUSTODY

LAST NAME FIRST NAME

_____ _____ _____ _____

HOME PHONE | CELL PHONE | WORK PHONE | EMPLOYER

ADDRESS (If different from student) _____

MAIL ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS _____

FATHER OR GUARDIAN

STUDENT LIVES WITH: ☐ FATHER ☐ GUARDIAN ☐ STEP-PARENT ☐ FOSTER PARENT ☐ OTHER_____

_____ _____ ☐ FULL CUSTODY ☐ JOINT CUSTODY

LAST NAME FIRST NAME

_____ _____ _____ _____

HOME PHONE | CELL PHONE | WORK PHONE | EMPLOYER

ADDRESS (If different from student) _____

MAIL ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS _____

ETHNICITY / RACE **PART A – Is the Student Hispanic or Latino? – YES ☐ NO ☐ (Choose One Only)**

PART B – What is the Students Race (Select one or more) **☐ American Indian / Alaska Native**

☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

Has this student ever been expelled? ☐ YES ☐ NO School_____

Has this student ever been suspended? ☐ YES ☐ NO School_____

If this student was enrolled in <u>any</u> school during the current or past school year, list the school and enrollment dates below:

Last school attended: _____ Grade Level: _____ School Year: ____/____

City: _____ State: _____

Last school attended: _____ Grade Level: _____ School Year: ____/____

City: _____ State: _____

Last school attended: _____ Grade Level: _____ School Year: ____/____

City: _____ State: _____

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? (Choose one) ☐ **English** ☐ **Spanish** ☐ **Other (identify)**_____

What is the language the student first acquired? ☐ **English** ☐ **Spanish** ☐ **Other (identify)**_____

EMERGENCY INFORMATION

We request that you complete this form at registration. It will help us ensure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential and in your child's folder.

Please list persons other than parent who may care for the student if the student becomes ill or may transport the sick/injured child from school to doctor. (We cannot release the student to anyone who is not listed below.)

1. Name:_____ **Relationship:** _____ **Phone:** _____

2. Name:_____ **Relationship:** _____ **Phone:** _____

Preferred:

Hospital:_____

Doctor: _____ **Phone:** _____

In case of a serious illness or injury, your son/daughter will be taken to the closest hospital by ambulance, if deemed necessary. Emergency care will be provided there until you can be contacted. (Any expense for emergency transportation and/or treatment shall be the responsibility of the parent/legal guardian.)

COMPLETION OF THE FOLLOWING SECTION IS VOLUNTARY.

Please check the following, if any apply to the student.

_____ **Frequent colds**
_____ **Frequent headaches**
_____ **Persistent cough**
_____ **Asthma**
_____ **Heart condition**
_____ **Diabetes (Type I or Type II)**
_____ **Allergies (Please list below)**

_____ **Tires Easily**
_____ **Nosebleeds**
_____ **Frequent toothache**
_____ **Frequent pains in limbs**
_____ **Seizures/Epilepsy**
_____ **Orthopedic Problem**

_____ **Frequent sore throats**
_____ **Frequent stomach aches**
_____ **Persistent hoarseness**
_____ **Runny nose**
_____ **Bleeding Disorders**
_____ **Frequent Ear Infections**

List all Current Medications Below

_____ _____

_____ _____

Does the student have any health problems or chronic illnesses at this time? If yes, please explain:

_____

_____

Does the student wear glasses or contacts? _____ **Does the student have a hearing problem?**_____

Please note any immunizations the student has received within the past 12 months. _____

_____

ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.

Parent/guardian completing the enrollment application:

SIGN HERE ⇨ **NAME:** _____ **SIGNATURE:** _____ **DATE:** _____

FOR OFFICE USE ONLY:

Special Education and 504 Program Services Information Form

Learner Name: _____ Grade: _____

Has your learner ever qualified to receive **Special Education Services**? ❒ YES ❒ NO

Has your learner ever qualified to receive accommodations under a **504 Plan**? ❒ YES ❒NO

If you answered "NO" to both questions please sign your name to complete this form.

Parent's/Legal Guardian's Signature: _____ Date: _____

If you answered "Yes" to either question please complete this form.

ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.

Parent or Guardian of Newly Registered Learner,

In order to assist us in meeting the educational needs of your learner, please read below and supply the requested information to the extent you are able. Due to the many regulations that govern Special Education, and learners receiving 504 accommodations, we must be provided with proper documentation in order to continue implementing the services your learner needs. Please submit any current documents, evaluations, Individualized Education Plans (IEP's), and any other information you may have regarding your learner as soon as possible. Thank you for your support in providing this valuable information.

SPECIAL EDUCATION SERVICES:

What is your learner's area of special education eligibility: _____

Do you have a copy of your learner's current IEP? ❒ YES ❒ NO

Do you have a copy of your learner's current evaluation? ❒ YES ❒ NO

Please provide the following information or attach a copy of your learner's IEP.

Please complete the following information to indicate the services that your learner has received.

SERVICE	Received Services?	Grade Level	SERVICE	Received Services?	Grade Level
Reading			Social Emotional/Behavior		
Writing			Occupational Therapy		
Math			Other		
Speech/Language					

504 SERVICES:

Please provide the following information or attach a copy of your learner's 504 plan

Please indicate the condition for which your learner has a 504 plan: _____

Please list the name of the physician who diagnosed the condition: _____

Which school(s) can we contact to obtain official data and records regarding the services your learner received?

Name of School: _____

City/State:_____Phone: (____)_____Contact Person: _____

Name of School: _____

City/State:_____Phone: (____)_____Contact Person: _____

Name of School: _____

City/State:_____Phone: (____)_____Contact Person: _____

Is there any additional information you would like to provide that may be of assistance to us in best meeting the needs of your learner?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.

Parent's/Legal Guardian's Signature:_____**Date:** _____

Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
___ Valid U.S. passport
___ Real estate deed or mortgage documents
___ Property tax bill
___ Residential lease or rental agreement
___ Water, electric, gas, cable, or phone bill
___ Bank or credit card statement
___ W-2 wage statement
___ Payroll stub
___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

_____ _____

Signature of Parent/Legal Guardian Date

State of Arizona
Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

_____

_____

Location of my residence:

_____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
___ Valid U.S. passport
___ Real estate deed or mortgage documents
___ Property tax bill
___ Residential lease or rental agreement
___ Water, electric, gas, cable, or phone bill
___ Bank or credit card statement
___ W-2 wage statement
___ Payroll stub
___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____,
By _____.

_____
Notary Public

My Commission Expires:

_____

#2306606

State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE) Home Language Survey

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student? _____**
2. **What is the language most often spoken by the student? _____**
3. **What is the language that the student first acquired? _____**

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter AIBT Non-Profit Charter High School, Inc.

School RCB College Preparatory Academy

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar

(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____**

2. **¿Cuál idioma habla el estudiante con mayor frecuencia? _____**

3. **¿Cuál fue el primer idioma que aprendió el estudiante? _____**

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter AIBT Non-Profit Charter High School, Inc.

Escuela RCB College Preparatory Academy

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

2017-2018 Application for Free and Reduced Price School Meals

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

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.

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

Check all that apply

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

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?	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 ○
	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○
	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○
	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

C. Total Household Members

(Children and Adults) _____

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

Check if no SSN ☐

STEP 4 — Contact information and adult signature

Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

"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	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 *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 2017-2018

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

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

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

Envié la Forma Completa a: INSERT SCHOOL/DISTRICT MAILING ADDRESS

"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 ☐ **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: _____

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.