

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

Student's First Name									MI	Student's Last Name									Birth Date				Grade	
																		M	M	D	D	Y		Y

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

	Foster Child	Head Start	Runaway	Homeless	Migrant
	<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"/>

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

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SNAP Case Number

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TANF Case Number

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FDPIR Case Number

A. Student Income

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

Student Income		How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annua
\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Other Household Members (including yourself)

In the spaces below list all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS INCOME (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of All OTHER Household Members (First and Last)		How Often?					Public Assistance/ Child Support/Alimony		How Often?					Pensions/Retirement/ All Other Income		How Often?					
		Earnings from Work																			
			Weekly	Bi-Weekly	2x Month	Monthly	Annually			Weekly	Bi-Weekly	2x Month	Monthly	Annually			Weekly	Bi-Weekly	2x Month	Monthly	Annually
		\$						\$							\$						
		\$						\$							\$						
		\$						\$							\$						
		\$						\$							\$						

Total Household Members

(Students' and Adults from Steps 1 and 3)

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Last four digits of Social Security Number (SSN) or mark “no SSN” of adult signing this form only if Step 3B has been completed.

XXX-XX-

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Check box if no SSN ☐☐

STEP 4 **Contact information and adult signature. Mail signed and completed application to: Peak to Peak Charter School, 800 Merlin Drive, Lafayette CO 80026**

"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."

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

STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. Please check the box to opt out:

☐ **DO NOT** share information with Medicaid/SCHIP

To save you time and effort, the information you gave on this form may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Completing this section of the form will not change whether your children get free or reduced priced meals. ***Your information WILL NOT be shared unless you check one of the boxes below:***

Please share my information with the following programs I have checked:

☐ Advanced Placement (AP)
Exam and/or (AP) Book Fee☐ Accelerate College Opportunity
Exam and/or Book Fees

Athletics & Activities

☐ Fees & Testing

See back of application

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 priced meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

NEED HELP BUYING GROCERIES?

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

Food Resource Hotline

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

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

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

Línea Directa de Recursos de Comidas

¡LLÁMENOS HOY! LÍNEA ESTATAL **855-855-4626**
METRO DENVER **720-382-2920**

HUNGER FREE COLORADO **HungerFreeColorado.org**



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs. Visit coloradopeak.force.com to learn more.

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 priced 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), 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 priced meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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

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

This institution is an equal opportunity provider.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

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

Application Type:

☐ Total Household Income: \$_____ Household Size: _____
Household Income Frequency - ☐ Weekly ☐ Bi-Weekly ☐ 2x/Month ☐ Monthly ☐ Annually

☐ Categorical Eligibility - ☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster
☐ Homeless/Migrant/Runaway/Head Start

Application Status:

Approved - ☐ Free ☐ Reduced

Denied - ☐ Over Income Guidelines ☐ Incomplete/Missing: _____

Notes: _____

Determining Official Signature: _____

Approval/Denial Date: _____

Notification Sent: _____

Peak to Peak Charter School
Sharing Free and Reduced Priced School Meal
Information with Other Programs
School Year 2023-2024

Dear Parent/Guardian:

If you received notification that your student(s) qualified for free or reduced price school meals, this information may be shared with the school/district for the purpose of waiving certain school/district program fees that you might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals.

Return this completed and signed form to: **800 Merlin Drive, Lafayette CO 80026** by **August 31, 2023**.

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- ☐ Yes! I **DO** want school officials to share my information with **ATHLETICS & ACTIVITIES**.
- ☐ Yes! I **DO** want school officials to share my information with **FEES & TESTING**.
- ☐ Yes! I **DO** want school officials to share my information with **SUMMER SCHOOL/SUMMER ACADEMY**.

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- ☐ **DO NOT** share my information with any programs.
- ☐ **DO NOT** share my information with Medicaid/SCHIP offices.

If you marked any or all of the boxes above, complete the section below to ensure that your information is shared for the child(ren) in your household. Your information will be shared with only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Mailing Address: _____

For more information, you may call **Elizabeth Begley** at **303-453-4782** or e-mail at **Elizabeth.Begley@BVSD.ORG**.

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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

alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

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