

National School Lunch Program/School Breakfast Program 2025–26 Letter to Households (Woodland Public Schools)

Dear Parent/Guardian:

Completing the Child Nutrition Eligibility & Education Benefit Application may qualify you for: free or reduced-price meals, Summer EBT benefits, reduced fees for other programs and activities, and help secure funding for your school district. The cost of school meals is shown below.

Breakfast and lunch will be served at no cost to those children who qualify for free and reduced-price meals in grades K-12. All other students will be charged the rates shown below.

REGULAR			
Grade Level	Breakfast	Lunch	Snack
K-4	\$ FREE	\$ FREE	\$ N/A
5-8	\$ 1.70	\$ 3.45	\$ N/A
9-12	\$ 1.85	\$ 3.60	\$ N/A
ADULT	\$ 2.50	\$ Served ala Carte	\$ N/A

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to **Any School Office, District Office or the Business/Registration Office.**

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at [360-841-2713](tel:360-841-2713).

USDA Child Nutrition Program Income Guidelines Effective July 1, 2025–June 30, 2026					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each add'l family member, add:	\$10,175	\$848	\$424	\$392	\$196

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5; Part 6* is optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1 and 5; Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

**National School Lunch Program/School Breakfast Program
2025–26 Letter to Households (Woodland Public Schools)**

What must be on the application? *continued*

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
 - Enter a case number
 - Adult household member's signature
- Complete *Parts 1, 2, 4, and 5*. *Part 6* is optional.
Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "A. For households not getting any assistance:" and include the foster child's personal use income.

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

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.

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. You must send in a new application unless the school told you that your child is eligible for the new school year.

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.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Stacy Brown, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number (360) 841-2715.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

National School Lunch Program/School Breakfast Program 2025–26 Letter to Households (Woodland Public Schools)

USDA Non-Discrimination

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/ad-3027.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.

2025–26 Child Nutrition Eligibility & Education Benefit Application – WOODLAND PUBLIC SCHOOLS

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: Any School Building, District Office or Business/Registration Office

Check here if you received meal benefits last year:

1. List all students living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. Homeless Migrant

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<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"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food TANF Food Distribution Program on Indian Reservations (FDPIR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Public Assistance/ Child Support/ Alimony				Pensions/ Retirement/ Social Security (SSI)				Any Other Income Not Already Listed								
			Weekly	Bi-weekly	2 X Month	Monthly	Weekly	Bi-weekly	2 X Month	Monthly	Weekly	Bi-weekly	2 X Month	Monthly					
	<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"/>	\$	<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"/>	\$	<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"/>

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Check if no SSN:
 (total listed must equal number of household members listed above) Primary Wage Earner or Other Household Member (Optional if only applying for Summer EBT)

5. Contact Information & Signature – Complete, sign, and return this application to: Any School Building, District Office or Business/Registration Office
 I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member _____ Adult Household Member Signature _____ E-mail Address _____
 Mailing Address _____ City, State & Zip Code _____ Daytime Phone _____ Date _____

b. **Children's Racial and Ethnic Identities (Optional)** – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities:

- American Indian or Alaska Native Asian
 Black, or African American Native Hawaiian or Other Pacific Islander
 White

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Child Nutrition Eligibility: 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 (Basic Food), 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, 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/ad-3027.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.

Woodland School District - Non-Discrimination Statement : Woodland Public School District does not discriminate in any programs or activities on the basis of sex, race, ethnicity, creed, religion, color, national origin, immigration or citizenship status, age, veteran or military status, sexual orientation, gender expression, gender identity, homelessness, disability, neurodivergence, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Income Household Total Household Income \$ _____

APPLICATION APPROVED FOR: Free Eligible **APPLICATION DENIED BECAUSE:** Income Over Allowed Amount Other: _____
 Reduced-Price Eligible Incomplete/Missing Information

Date Notice Sent

Signature of Approving Official

Date

2025-26 Child Nutrition Eligibility & Education Benefit Application (Solicitud de Elegibilidad para Nutrición Infantil y Beneficios Educativos de 2025-26)

Woodland School District

Esta solicitud puede calificarle para: beneficios de alimentos, beneficios de EBT de verano (si está inscrito en una escuela NSLP/SBP), tarifas reducidas para otros programas y actividades, y/o ayudar a asegurar fondos para su distrito escolar. Si su(s) hijo(s) está(n) inscrito(s) en una escuela de la Community Eligibility Provision (Disposición de Elegibilidad Comunitaria, CEP) o de la Disposición 2, completar esta solicitud no afectará su elegibilidad para recibir comidas sin costo alguno.

Complete, firme y envíe esta solicitud a: Cualquier edificio escolar, oficina del distrito o oficina comercial/de registro.

Marque aquí si el año pasado recibió beneficios para alimentos:

1. Enumere **todos los estudiantes** que viven con usted y que asisten a la escuela. Si el estudiante está en acogida, sin hogar o recibe servicios de educación para inmigrantes, indíquelo poniendo una "x" en la casilla correspondiente. Incluya cualquier ingreso personal recibido por el estudiante y marque la casilla correcta para indicar con qué frecuencia se recibe. Sin hogar Migrante

Apellido del estudiante	Nombre del estudiante	MI	Crianza Temporal	Fecha de nacimiento	Escuela	Grado	Ingreso del estudiante	Semanal	Bisemanal	Quincenal	Mensual
			<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"/>

2. Si alguno de los miembros del hogar (incluido usted) participa actualmente en uno o varios de los siguientes programas de asistencia, escriba un número de caso. En caso contrario, vaya al punto 3.

Basic Food (Alimentos básicos) TANF Food Distribution Program on Indian Reservations (Programa de Distribución de Alimentos en Reservas Indígenas, FDIPIR)
 Número de caso: _____

3. Enumere los nombres de todos los demás miembros del hogar, indique los ingresos (en dólares enteros) y VERIFIQUE con qué frecuencia los recibe. Si un miembro del hogar no recibe ingresos, escriba 0. Si escribe 0 o deja en blanco las secciones de ingresos, está prometiendo que no hay ingresos que declarar.

Nombres de TODOS los demás miembros del hogar (no incluya a los estudiantes mencionados anteriormente)	Crianza Temporal	Ingresos del trabajo (antes de cualquier deducción)	Semanal	Bisemanal	Quincenal	Mensual	Asistencia pública/ Manutención de menores/ Pensión alimenticia	Semanal	Bisemanal	Quincenal	Mensual	Pensiones/ Jubilación/ Seguridad Social (SSI)				Cualquier otro ingreso que no figura en la lista	Semanal	Bisemanal	Quincenal	Mensual
												Semanal	Bisemanal	Quincenal	Mensual					
	<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"/>	<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"/>	<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"/>	

4. Total de miembros del hogar (incluya a todas las personas que viven en su hogar): Cuatro últimos dígitos del Número de Seguridad Social (SSN) de Marque si no tiene SSN:
 (el total debe ser igual al número de miembros del hogar indicados anteriormente) **Asalariado principal u otro miembro del hogar (Opcional si sólo solicita EBT de verano)**

5. Información de contacto y firma - Complete, firme y envíe esta solicitud a:
 Yo certifico (prometo) que toda la información proporcionada en esta solicitud es verdadera, que todos los ingresos se declaran y que mi hogar no recibe beneficios de EBT de verano a través de otro Estado u Organización Tribal Indígena (si aplica). Entiendo que esta información se da en relación con la recepción de beneficios federales o estatales y que los funcionarios de la escuela pueden verificar (comprobar) la información. Soy consciente de que si doy información falsa a propósito, mis hijos pueden perder estos beneficios y puedo ser procesado según las leyes estatales y federales aplicables.

Nombre en letra de molde del Miembro adulto del hogar

Firma del Miembro adulto del hogar

Dirección de correo electrónico

Domicilio postal

Ciudad, Estado y Código postal

Número de teléfono durante el día Fecha

6. Identidad Racial y Étnica de los Niños (Opcional) - Estamos obligados a solicitar información acerca de la raza y el origen étnico de su(s) hijo(s). Esta información es importante y ayuda a asegurar que estamos sirviendo plenamente a nuestra comunidad. Responder a esta sección es opcional y no afecta a la elegibilidad de su(s) hijo(s) para recibir comidas gratuitas o a precio reducido.

Marque una o más identidades raciales:

- Indígena americana o nativo de Alaska
- Negra o afroamericana
- Caucásica

- Asiática
- Nativo de Hawai o de otras islas del Pacífico

Marque una identidad étnica:

- Hispana o latina
- Ni hispana ni latina

Elegibilidad para Nutrición Infantil: La Ley Nacional de Almuerzos Escolares Richard B. Russell exige la información en esta solicitud. Usted no tiene que dar la información, pero si no lo hace, no podemos aprobar a su hijo para comidas gratuitas o a precio reducido. Usted debe incluir los cuatro últimos dígitos del número de seguridad social del miembro adulto del hogar que firma la solicitud. Los cuatro últimos dígitos del número de seguridad social no son necesarios cuando se presenta la solicitud en nombre de un niño de acogida o cuando se indica un número de caso del Supplemental Nutrition Assistance Program (Programa de Asistencia Nutricional Suplementaria) (Basic Food (Alimentos básicos)), del Temporary Assistance for Needy Families Program (Programa de Asistencia Temporal para Familias Necesitadas, TANF) o del Food Distribution Program on Indian Reservations (Programa de Distribución de Alimentos en Reservas Indígenas, FDIPIR) u otro identificador del FDIPIR para su hijo, o si indica que el miembro adulto del hogar que firma la solicitud no posee un número de seguridad social. Utilizaremos su información para determinar si su hijo reúne los requisitos para recibir comidas gratuitas o a precio reducido y para la administración y aplicación de los programas de comidas y desayunos. PODEMOS compartir su información de elegibilidad con los programas de educación, salud y nutrición para ayudarles a evaluar, financiar o determinar los beneficios de sus programas, con los auditores para las revisiones de los programas y con los funcionarios encargados de hacer cumplir la ley para ayudarles a investigar las violaciones a las normas del programa.

De acuerdo con la ley federal de derechos civiles y los reglamentos y políticas de derechos civiles del U.S. Department of Agriculture (Departamento de Agricultura de los Estados Unidos, USDA), esta institución tiene prohibido discriminar por motivos de raza, color, nacionalidad, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalias por actividades anteriores de derechos civiles.

La información del programa puede estar disponible en idiomas distintos al inglés. Las personas con discapacidades que requieran de medios alternativos de comunicación para recibir información del programa (por ejemplo, Braille, letra grande, audio, lenguaje de señas estadounidense) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio de Transmisión Federal al (800) 877-8339.

Para presentar una queja por discriminación del programa, el Reclamante debe llenar un formulario AD-3027, Program Discrimination Complaint Form (Formulario de queja por discriminación del programa) del USDA, que se encuentra en línea en: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, también puede hacerlo desde cualquier oficina del USDA llamando al (866) 632-9992, o enviando una carta dirigida al USDA. En la carta, debe proporcionar el nombre, el domicilio y el número de teléfono del reclamante, junto con una descripción por escrito de la presunta acción discriminatoria con detalles suficientes para informarle al Assistant Secretary for Civil Rights (Subsecretario de los derechos civiles, ASCR) la naturaleza y la fecha de la presunta violación de los derechos civiles. Debe enviar el formulario AD-3027 completo o la carta a los siguientes domicilios:

1. **correo:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o
2. **fax:**
(833) 256-1665 o (202) 690-7442; o
3. **correo electrónico:**
Program.Intake@usda.gov

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Distrito Escolar de Woodland - Declaración de no discriminación: El Distrito Escolar Público de Woodland no discrimina en ninguno de sus programas o actividades por motivos de sexo, raza, etnia, credo, religión, color, nacionalidad, estatus migratorio o de ciudadanía, edad, condición de veterano o militar, orientación sexual, expresión de género, identidad de género, falta de hogar, discapacidad, neurodiversidad o el uso de un perro guía o animal de servicio entrenado, y proporciona igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. Los siguientes empleados han sido designados para atender preguntas y quejas sobre presuntos casos de discriminación.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE (SÓLO PARA USO ESCOLAR - NO ESCRIBA DEBAJO DE ESTA LÍNEA)

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL:	<input type="checkbox"/> Basic Food/TANF/FDIPIR/Foster	Total Household Size	_____	Weekly		Bi-Weekly		2x per Month		Monthly		Annual
	<input type="checkbox"/> Income Household	Total Household Income	\$ _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
APPLICATION APPROVED FOR:	<input type="checkbox"/> Free Eligible	APPLICATION DENIED BECAUSE:	<input type="checkbox"/> Income Over Allowed Amount	<input type="checkbox"/> Other: _____								
	<input type="checkbox"/> Reduced-Price Eligible		<input type="checkbox"/> Incomplete/Missing Information									

Date Notice Sent

Signature of Approving Official

Date