2024–25 Child Nutrition Eligibility & Education Benefit Application – Auburn School District

Apply online via Family Access Skyward: https://www.q.wa-k12.net/auburn 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. Auburn School District is participating in the Community Eligibility Provision (CEP) completing this application will not impact your eligibility to receive meals at no cost. Complete, sign, and return this application to: ASD Child Nutrition Services 1302 4th Street SW, Auburn, WA 98001 PH: 253-931-4972 Email: Childnutrition@auburn.wednet.edu 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 2 X Month Bi-weekly Weekly Monthly Foster Student Student's Last Name Student's First Name MI Date of Birth School Grade Income 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 (FDIPR) 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 Earnings from Public Pensions/ Any Other 2 X Month 2 X Month 2 X Month 2 X Month Bi-weekly Bi-weekly Bi-weekly Bi-weekly Weekly Weekly Weekly Weekly Foster members work Assistance/ Retirement/ Income Child Support/ Social Security (before any Not Already (do not include students listed deductions) Alimony (SSI) Listed above) □ |\$ П Пs Пls Пls □ |\$ □ |\$ Πs Total Household Members (include all people living in your household): Optional Last Four Digits of Social Security Number (SSN) Check if no SSN: (total listed must equal number of household members listed above) Contact Information & Signature – Complete, sign, and return this application to: 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. E-mail Address Printed Name of Adult Household Member **Adult Household Member Signature** Date

City, State & Zip Code

Mailing Address

Daytime Phone

Mark one or more resistal identities: method, or African American Indian or Alaska Native method	6.	The state of the s	otional) – We are required to ask for informat his section is optional and does not affect yo				-		nt and helps make sure we are fully		
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OTHER BENEFITS (Optional) - Completing this step allows ASD Child Nutrition Services to share meal eligibility of my students with the programs indicated for the 2024-25 school year. You must Select the booses for each program you would like to participate in the programs indicated for the 2024-25 school year. You must Select the booses for each program you would like to participate in the programs indicated for the 2024-25 school year. You must Select the booses for each program you would like to participate in the programs indicated for the 2024-25 school year. You was selected and the program of the 2024-25 school year. You would like to participate in the program you would not be additionally allowed the program you would not be added to the participate in the program you would not be added to you like add provide the additional you will be added to you like additional participate in the program you would not be added to you like addition to provide the participate in the program you would not be added to you like addition and would not you like addition and you will be participated in the program you would not be added to you like addition the participate in the you would not be added to you like addition and you will be participated in the program you would not be added to you like addition the participate in the partic											
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This institution is an equal opportunity provider. Washington, D.C. 20250-9410; or CNS OFFICE USE ONLY - DO NOT WRITEBELOW THIS LINE ANNUAL INCOME CONVERSION: Weekly x 26; Twice per month x 24; Monthly x 12. App # 2024-25: Received Date: Total Household Size: Total Household Income: \$ By: Date Processed:	instit sexu avail obta state USD/ com/ https writi writt (ASC subn	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 2. Fax: (833) 256-1665 or (202) 690-7442; or Office of the Assistant Secretary Civil Rights 3. Email: program.intake@usda.gov This institut						basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, 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: Civil Rights Compliance Coordinator & Title IX Coordinator Staff: Jon Young, Assistant Superintendent of Human Resources Phone: (253) 931-4932 Email: jyoung@auburn.wednet.edu Title IX Coordinator Students: Rhonda Larson, Assistant Superintendent of Family Engagement & Student Success			
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