



Collier School

COLLIER MIDDLE SCHOOL ESY

160 Conover Road ** Wickatunk, NJ 07765 ** 732-946-4771 x-402

2017 APPLICATION (Current Collier Student)

July 5, 2017 – August 15, 2017- Monday-Friday 9am – 2:30pm

Students Name: _____ Date of Birth: _____ Sex M F

Address: _____ Home Phone: _____

_____ Zip Code: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contacts (other than parent)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Does your child have a medical condition that could require immediate attention? If so, please explain

Sending District Contact Person: (responsible for paying tuition)

Name: _____ Phone: _____

Tuition: Per diem rate as established by DOE (*Tuition and transportation are the responsibility of district*)

Meals: Provided at no additional cost by USDA

(USDA form MUST be submitted, whether or not your family qualifies**)**

_____ I give permission for my child to attend field trips or excursions under proper supervision

_____ I DO NOT give my child permission to attend field trips or excursions

I agree to the conditions listed above:

Parent/Guardian Signature

Date

PLEASE SUBMIT THIS APPLICATION ALONG WITH USDA FORM

**If application is being submitted by District CST or Case Manager and parent is not available to complete,
please send application with IEP**

2016-2017 SUMMER FOOD SERVICE PROGRAM

LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (U.S.D.A.), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2016 to June 30, 2017

FAMILY SIZE/INCOME SCALE FOR FREE MEALS

(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS		
	Annual	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each Additional Family Member	+7,696	+642	+148

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

Nondiscrimination Statement: 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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

Please help maintain quality nutrition on a regular basis for your child. Thank you for your cooperation.

Raven M Stackhouse

Signature of Institutional Representative

2017 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: Collier School-Kateri

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by June 01, 2017. An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: 732-946-9694.

1 **ENROLLMENT INFORMATION**
Name of Child: _____ Age: _____
Last Name First Name

2 **FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.**

If this is a foster child, check this box . Write the child's monthly personal use income. Write "0" if the child has no income \$ _____.

3A **HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN – Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.**

SNAP Case Number: _____ TANF Case Number: _____

3B **ALL OTHER HOUSEHOLDS – If you did not write a SNAP/TANF case number nor checked Foster Child, complete this part and sign the application in Part 4.**

NAMES		MONTHLY INCOME				
List the Names of Everyone in Your Household	No Income	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
		Job 1.	Job 2.			
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$

4 **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.**

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER HOME ADDRESS

_____ TOWN/CITY ZIP CODE
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER*

_____ DATE SIGNED HOME TELEPHONE WORK TELEPHONE
PRINTED NAME OF ADULT SIGNING APPLICATION

5 **Participant's ethnic and racial identities (optional)**
Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino
Mark one or more racial identities: Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year

Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____