

### **Slate Valley Unified Union School District**

### Dear Parent/Guardian:

Students need healthy meals to learn. Slate Valley Unified USD offers healthy meals every school day. In School Year 2023-2024, all students will receive free breakfast and lunch at school. Even though there is no charge for breakfast and lunch, we are asking you to fill out this Household Income application for free school meals. If many families fill out and return this form, we will get more money from the federal government for free school meals now and in the future. We will also get more money for other school programs. Filling out this form also helps our community provide free summer meals to all kids, and free meals to kids in childcare. It may also qualify your family for low-cost internet through the Affordable Connectivity Program.

The information you provide is confidential. We follow strict federal rules to keep your information private.

If you have other questions or need help, call or email: Sheri Nichols, Finance Specialist (802) 265-2562 or snichols@svuvt.org

Sincerely, Sherí Níchols Finance Specialist

#### **USDA Nondiscrimination 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: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, 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
- email: program.intake@usda.gov

This institution is an equal opportunity provider.



Return to:

Your Child's School Office OR

form will be handled in accordance with privacy requirements. Only one form needed per household. programming. The privacy of your household financial information is protected by law. Information collected through this federal and state education dollars. This funding supports reading, math, science, arts, PE, afterschool and other vital help your community, your school and your property taxes. The information you give helps your school access Help us provide the best education possible for your children. Filling out this form only takes a few minutes. It will 2023-24 Household Income Data Collection

Slate Valley USD Business Office
Attn: Sheri Nichols, SVU Finance Specialist
33 Mechanic Street
Fair Haven, VT 05743
(802) 265-2562

City:	Name of adult of	'I certify (promis	Section 4: Con	If your househo	Income Range	Combined	Household Size	Combined child suppotance, insurfaces, insurfaces.	Section 3: Hou	3SquaresVT (SNAP)	Section 2: Ass	*If more spaces a			First Name	Section 1: Stud
	Name of adult completing this form:	e) that all informa	Section 4: Contact Information & Signature	ld has 9 or more p	□ More than \$26,973	□ \$26,973 or less		annual income is t, alimony, pensic ance, medical exp	sehold Income In		stance Program	are required for ac			ame MI	lent Information
Email (optional):	n.	'I certify (promise) that all information on this application is true, to the best of my knowledge,	& Signature	If your household has 9 or more people, please enter your information here:	□ More than \$36,482	□ \$36,482 or less	□2	Combined annual income is the total amount of income is the total amount of income child support, alimony, pensions, retirement, Social Se taxes, insurance, medical expenses, child support, etc	information - Pleas	Reach Up (TANF)	s - If your househo	ditional names, pl				- List all students i
ptional):		ation is true, to the		er your information	□ More than \$45,991	□ \$45,991 or less	<u></u> 3	of income of all hocial Security, SSI, ort, etc.	se select your hou	If you selec	old receives assist	ease add them to			Last Name	n the household, I
		best of my know			□ More than \$55,500	□ \$55,500 or less	04	busehold member VA benefits, and	sehold size and t	ted a Program, pl	ance from any of	the Section 1 tabl			Date of Birth	Pre-Kindergarten
	Signature of adult	ledge, and that all		Household Size:	□ More than \$65,009	□ \$65,009 or less	<b>5</b>	s, including childre /or all other incom	hen the appropriat	If you selected a Program, please skip to Section 4.	the following progr	*If more spaces are required for additional names, please add them to the Section 1 table continued on rev			Grade Level	Section 1: Student Information - List all students in the household, Pre-Kindergarten through grade 12.
Phone (optional):	completing this form:	income is reported."		Househ	☐ More than \$74,518	□ \$74,518 or less	□ 6	Combined annual income is the total amount of income of all household members, including children, from the following sources: Work, public assistance, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.	Section 3: Household Income Information - Please select your household size and then the appropriate income range for that household size is the total number of people including all children and adults related and un-related that live with you and share income a	on 4.	Section 2: Assistance Programs - If your household receives assistance from any of the following programs, please check the appropriate box below.	verse side of this form				
)	nt	3		Household Income:	□ More than \$84,027	□ \$84,027 or less	۵7	g sources: Work, p	that household size		the appropriate bo	m.			School Name	
					□ More than \$93,536	□ \$93,536 or less	□ 8	ublic assistance, eductions for	e. and expenses		x below.					

CONTINUED Section 1: Stu	Jdent I	CONTINUED Section 1: Student Information List all students in the household, Pre-Kindergarten through grade 12	the household, P	re-Kindergarten t	hrough grade 12.
First Name	<u>_</u>	Last Name	Date of Birth	Grade Level	School Name

<sup>\*</sup>If more spaces are required for additional names, please attach them on another sheet of paper.

## FOR SCHOOL USE ONLY

# Instructions for School/District Staff:

All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.

## **Economic Status**

**Instructions:** After reviewing the reverse side of this form, Select the appropriate option below for this submission.

- ☐ Household is AT or BELOW the 185% cutoff.
- Household is ABOVE the 185% cutoff.

### Other Programs

Section 2 'Assistance Programs' selected

# SCHOOL/DISTRICT STAFF

'I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.'

Signature:

Printed Name:

Date: