

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

\_\_\_\_\_ Federally Recognized, State \_\_\_\_\_ Organized Indian Group  
\_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ Meeting #5 of the  
\_\_\_\_\_ Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's  
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side

## PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.

# 2013-2014 FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

**PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL Rhonda Austin, Homeless Liaison at phone (928) 567-8011** HOMELESS  MIGRANT  RUNAWAY  **If completing this section, fill out Box A and Box B in Part 2.**

## PART 2. ALL HOUSEHOLD MEMBERS

Box A.	Box B.	Box C.	Box D.	Box E.	Box F.												
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school attended by each child and grade or indicate "NA" if household member is not in school	If any member of your household receives SNAP, FDPIR or TANF Cash Assistance, provide the case number and <b>skip to Part 3.</b>	Check if a foster child (legal responsibility of welfare agency or court) <b>If completing this section skip to Part 3.</b>	Check if NO income	<b>TOTAL HOUSEHOLD GROSS INCOME</b>												
					Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) <u>or</u> Every Other Week (bi-wk) <u>or</u> Monthly (mo) <u>or</u> Twice a Month (bi-mo) <u>or</u> Annually/Yearly (yr)												
					Earnings From Work before deductions					All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)							
						How much	How Often			How much	How Often						
							wk	bi-wk	mo	bi-mo	yr		wk	bi-wk	mo	bi-mo	yr
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	

Box G. If Part 2. Box E and/or Box F, is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Information Statement on the back of this page.)

Last four digits of Social Security Number: \*\*\* - \* \* - \_\_\_\_  I do not have a Social Security Number

**PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print name here: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity:  
 Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  
 Asian  
 American Indian or Alaska Native  
 Black or African American  
 White  
 Native Hawaiian or other Pacific Islander

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL 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: \_\_\_\_\_  
 Error-Prone  Case # Application  Categorically Eligible  
 Directly Certified – Attach to match result  Selected for Verification (see attachments)

Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Notice Sent: \_\_\_\_\_  
 Date Withdrawn: \_\_\_\_\_

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2013-2014			
Household size	Yearly	Monthly	Weekly
1	\$21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
Each additional person:	+7,437	+620	+144

Information Statement: This explains how we will use the information you give us.

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 (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 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**Distrito Unificado de Camp Verde  
Encuesta de Residencia McKinney-Vento**

**Padres/Guardianes,**

**Por favor, llene un formulario por familia.**

**Este cuestionario intenta dirigirse al Acto 42 de McKinney-Vento, U.S.C. 11435. Las respuestas a esta información nos ayudarán ofrecerles servicios y apoyo apropiados. Hay que evaluar la elegibilidad cada año.**

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_  Masculino  Femenino  
*Apellido Primer Nombre*

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_  Masculino  Femenino  
*Apellido Primer Nombre*

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_  Masculino  Femenino  
*Apellido Primer Nombre*

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_  Masculino  Femenino  
*Apellido Primer Nombre*

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_  Masculino  Femenino  
*Apellido Primer Nombre*

1. ¿La vivienda donde vive el estudiante y/o su familia es una situación de vivienda temporal? \_\_\_\_\_ Si \_\_\_\_\_ No

**En este momento, ¿dónde vive el/los estudiante(s)? (Marque una caja.)**

- Vive temporalmente con un amigo o familia en una casa o apartamento
- En un refugio o un Programa de Vivienda Transicional
- Hotel o pensión
- Trasladándose de un lugar a otro
- En un lugar normalmente no designado para dormir, como un carro, parque, o campamento
- El/la estudiante vive con alguien que no es el padre/guardián legal
- Con los padres en su propia residencia

Nombre de los Padres/Guardianes: \_\_\_\_\_

Dirección: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**Firma del Padre/Guardián:** \_\_\_\_\_



***Solamente para uso Escolar: Please send to Liaison at District Office.***

**Liaison:** I certify the above named student is eligible under the McKinney-Vento Act.

**Date**

**McKinney-Vento Liaison Signature**

Please check (✓) services you have provided for the family:

- lunch Program
- school supplies
- enrollment documents
- clothes/higiene
- in-district transportation
- after-school academic support
- other

Camp Verde Unified School District  
McKinney-Vento Residency Survey

Parents/Guardians,

Please complete one form per family.

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive. Eligibility must be reviewed and reevaluated every school year.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
*Last First MI*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
*Last First MI*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
*Last First MI*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
*Last First MI*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
*Last First MI*

1. Is the student and/or family housing situation a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Where is the student(s) presently living?** (Check one box.)

- Living temporarily with a friend or family in a house or apartment
- In a Shelter or Transitional Housing Program
- Hotel or motel
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite
- Student is living with someone other than the legal parent/guardian
- With parents in own residence

Name of Parent(s) / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_



**School use only: Please send to Liaison at District Office.**

**Liaison:** I certify the above named student is eligible under the McKinney-Vento Act.

Date \_\_\_\_\_

McKinney-Vento Liaison Signature \_\_\_\_\_

Please check (✓) services you have provided for the family:

- lunch Program
- school supplies
- enrollment documents
- clothes/hygiene
- in-district transportation
- after-school academic support
- other

# Camp Verde USD Registration Form

Has this pupil ever received long-term suspension?  
YES \_\_\_ NO \_\_\_  
Expulsion? YES \_\_\_ NO \_\_\_

<u>School Use Only</u>	
Entry Date	_____
Entry Code	_____
Teacher	_____
Grade	_____
Room #	_____
I.D. #	_____
Birth Certificate	_____
Bus #	_____
Records Req	_____
Recorded	_____

## STUDENT INFORMATION

Student's Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Legal Last Name (if different from above) \_\_\_\_\_ SSN: \_\_\_\_\_

Phone # \_\_\_\_\_ Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Will student be using school transportation? Yes \_\_\_ No \_\_\_

M \_\_\_ F \_\_\_ Race/Ethnic Two-Part Question: Please answer **both** questions. Part 1: Ethnicity: Hispanic or Latino Yes \_\_\_ No \_\_\_

Part 2: Race: American Indian or Alaska Native \_\_\_; Asian \_\_\_; Black or African American \_\_\_;

Native Hawaiian or Other Pacific Islander \_\_\_; White \_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of years attended \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Has student ever attended an Arizona school? Yes \_\_\_ No \_\_\_

I am a legal resident of Camp Verde Unified School District Yes \_\_\_ No \_\_\_

## FAMILY INFORMATION

Student lives with Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_

Who has legal Custody? Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_

Father's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone # \_\_\_\_\_

Living with pupil? Yes \_\_\_ No \_\_\_ Divorced/Separated Yes \_\_\_ No \_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone # \_\_\_\_\_

Living with pupil? Yes \_\_\_ No \_\_\_ Divorced/Separated Yes \_\_\_ No \_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

## **LIST OF ALL BROTHERS AND SISTERS OF SCHOOL AGE AND YOUNGER (Oldest first)**

Name	Age	Grade	School	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MARK IF APPLICABLE**

\_\_\_ Special Education    \_\_\_ Speech/Lan guage Impairment    \_\_\_ Gifted    \_\_\_ English Lan guage Learner    \_\_\_ Title 1 Reading/Math  
\_\_\_ 504 Accommodations    \_\_\_ Other (Explain) \_\_\_\_\_

I agree to be responsible for the text books furnished to my child by the school as provided by the laws and rules of the State Board of Education  
Yes \_\_\_ No \_\_\_

Permission is granted to keep child on school grounds during hours unless parent or guardian gives written release for child to leave  
Yes \_\_\_ No \_\_\_

Permission is granted for child to take class walks and field trips when adequate supervision is provided  
Yes \_\_\_ No \_\_\_

**EMERGENCY INFORMATION**

Name of family physician \_\_\_\_\_ Phone # \_\_\_\_\_

In the event of illness or emergency, and parent/guardian cannot be reached, the following list of people are authorized to release pupil from school

First \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Second \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Third \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**HEALTH INFORMATION**

Vision Problems	Yes _____	No _____	Wears Glasses/Contacts _____	Needs Exam _____
Hearing Problems	_____	_____	Wears Hearing Aid _____	Needs Exam _____
Convulsions	_____	_____	Medication _____	
Hyperactivity	_____	_____	Medication _____	
Asthma	_____	_____	Medication _____	
Allergies	_____	_____	Type of Allergies _____	
Daily Medicine	_____	_____		

Describe current problems, medication, restrictions, special instructions, surgery, accident, or illness in the past year.

\_\_\_\_\_

\_\_\_\_\_

*Health Information will be shared with staff and administration on a need to know basis for the health and safety of your child; it will also be shared with emergency medical staff in the case of an emergency unless you notify us otherwise.*

Occasionally your child may request Tylenol or Ibuprofen (non-aspirin), antacid, cough drop, throat lozenges, or topical ointments. This will not be given unless you indicate your approval by signing below. These medications will be given at the nurses' or health aide's discretion. I authorize the administration of Benadryl in the event of allergic reaction.

\_\_\_\_\_ Child's name – please print                      \_\_\_\_\_ Parent/Guardian Signature                      \_\_\_\_\_ Date

**HOME LANGUAGE INFORMATION**

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_  
a. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que hablé el estudiante? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_  
a. ¿Cuál idioma habla el estudiante con mayor frecuencia? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_  
a. ¿Cuál fue el primer idioma que aprendió el estudiante? \_\_\_\_\_

\_\_\_\_\_ Signature of Parent/Guardian  
Firma del Padre/Guardian

\_\_\_\_\_ Date  
Fecha





# Camp Verde Unified School District

## AUTHORIZATION TO RELEASE STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ SAIS ID #: \_\_\_\_\_

I hereby authorize the mutual exchange of confidential information regarding the student named above.

Last School Attended/School Transferring From: \_\_\_\_\_

INFORMATION REQUESTED TO BE SENT:

- \_\_\_\_ Official/Unofficial Transcript
- \_\_\_\_ Withdrawal Form
- \_\_\_\_ Withdrawal grades
- \_\_\_\_ Immunizations
- \_\_\_\_ Birth Certificate
- \_\_\_\_ Special Services File
- \_\_\_\_ Athletic Physical, if available
- \_\_\_\_ Standardized Test Data
- \_\_\_\_ Medical Data
- \_\_\_\_ Behavior
- \_\_\_\_ Other \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The above named student is transferring to:

\_\_\_\_ Camp Verde Elementary School - (928) 567-8060 - Fax: (928) 567-8063

\_\_\_\_ Camp Verde Middle School - (928) 567-8014 - Fax: (928) 567-8022

\_\_\_\_ Camp Verde High School - (928) 567-8041 - Fax: (928) 203-2601

\_\_\_\_ South Verde Technology Magnet - (928) 567-8076 - Fax: (928) 567-8093

Please send/fax the requested information to the following:

ATTEN: REGISTRAR  
 CAMP VERDE DISTRICT REGISTRATION CENTER  
 410 CAMP LINCOLN RD.  
 CAMP VERDE, AZ. 86322  
 PHONE #: 928-567-8011 FAX #: 928-567-8094

The records, if provided, shall be for the exclusive use of the above-named recipient and shall not be published or disseminated in any way unless said recipient obtains written permission of the undersigned. Parent or adult student may have access to pupil records to inspect their contents.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Parent \_\_\_\_ Legal Guardian \_\_\_\_ Adult Student

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Verde Unified School District #28**  
**Impact Aid Program Survey Form**  
 The survey date is \_\_\_\_\_

**STUDENT INFORMATION**

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address		City		State	Zip Code
If the above property is a federal property, enter the name of the property.		Name of federal property			

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN**

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		City		State	Zip Code
Name of federal property					
Address of federal property		City		State	Zip Code

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES**

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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**PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY**

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: FARMING, GRAZING, LUMBERING AND MINING**

Enter information in this section if either the parent or guardian spent more than 50 percent of his or her working time on federal property (whether as an employee or self-employed) engaged in farming, grazing, lumbering or mining.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent's/Guardian's Employer			
Address of Parent/Guardian's Employer		City		State	Zip Code
Name of federal property		Address of federal property			
Permit Number	Township	Range	Section		

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

→ Signature of Parent/Guardian \_\_\_\_\_

→ Date \_\_\_\_\_



Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés

**Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)**  
**Encuesta sobre el Idioma en el Hogar**  
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** \_\_\_\_\_
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** \_\_\_\_\_
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Núm. de SAIS \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter \_\_\_\_\_

Escuela \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_
2. **What is the language most often spoken by the student?** \_\_\_\_\_
3. **What is the language that the student first acquired?** \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

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# CAMP VERDE UNIFIED SCHOOL DISTRICT

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Estimado Padre de Familia/Encargado:

Los niños necesitan comida nutritiva para aprender. **El Distrito Unificado de Campo Verde** ofrece comidas nutritivas todos los días escolares. El desayuno cuesta **\$1.25 para primaria, para la intermedia y la secundaria cuesta \$1.50**; y el almuerzo **cuesta \$2.50 para primaria y \$2.75 para la intermedia y la secundaria**. Sus niños podrían calificar para comidas gratis o a precio reducido. El precio reducido es de **\$.30** para el desayuno y **\$.40** para el almuerzo.

1. ¿ES NECESSARIO LLENAR UNA SOLICITUD PARA CADA NIÑO? No. Complete la forma para solicitar comidas gratis o a precio reducido. Use una solicitud para comidas gratis o a precio reducido para todos los estudiantes en su hogar. Asegúrese de llenar la solicitud con toda la información requerida ya que no podemos aprobar solicitudes incompletas. **Devuelva la solicitud completa a: Ida Pieratt, 410 Camp Lincoln Road, Camp Verde, AZ 86322.**
2. ¿QUIÉN PUEDE RECIBIR COMIDAS GRATIS? Niños en hogares que reciben Cupones para Alimentos o Beneficios en Efectivo (Cash Assitance) o FDPIR y la mayoría de los menores bajo la supervisión de servicios sociales pueden recibir comidas gratis sin importar sus ingresos. También si su ingreso familiar está dentro de los límites de la Tabla Federal de Ingresos, sus niños pueden recibir comidas gratis.
3. ¿PUEDEN LOS NIÑOS DE CRIANZA RECIBIR COMIDAS GRATIS? Si, hijos de crianza bajo la responsabilidad de una agencia de cuidado de crianza o una corte si pueden recibir comidas gratis.
4. ¿PUEDEN LOS NIÑOS SIN HOGAR, NIÑOS QUE HAN ABANDANADO SU HOGAR Y NIÑOS MIGRATORIOS RECIBIR COMIDAS GRATIS? Si no le han informado que sus hijos recibirán comidas gratis, por favor comuníquese con: **Rhonda Austin, Homeless Liaison, al (928) 567-8011 o [raustin@cvusd.k12.az.us](mailto:raustin@cvusd.k12.az.us)** para verificar si sus hijos califican.
5. ¿QUIÉN PUEDE RECIBIR COMIDAS A PRECIO REDUCIDO? Sus hijos pueden recibir comidas a precio reducido si su ingreso familiar está dentro de los límites.
6. ¿DEBO LLENAR UNA SOLICITUD SI ESTE AÑO ESCOLAR RECIBÍ UNA CARTA QUE DICE QUE MIS HIJOS FUERON APROBADOS PARA COMIDAS GRATIS O A PRECIO REDUCIDO? Por favor, lea la carta que recibió y siga las instrucciones. Llame a la escuela al **(928) 567-8025** si tiene preguntas.
7. APLICACIÓN DE MI HIJO FUE APROBADO EL AÑO PASADO. ¿NECESITO LLENAR OTRA? Sí. Aplicación de su hijo sólo es buena válida para ese año de la escuela y para los primeros días de próximo año de la escuela. Debe enviar una nueva aplicación a menos que la escuela le dijo que su hijo es elegible para el nuevo año escolar.
8. RECIBO WIC. ¿PUEDEN MIS HIJOS RECIBIR COMIDAS GRATIS? Niños en hogares que participan en WIC podrían ser elegibles para recibir comidas gratis o a precio reducido. Por favor llene una solicitud.
9. ¿SERÁ VERIFICADA LA INFORMACIÓN QUE YO PROVEA? Sí, nosotros podríamos pedirle que envíe prueba escrita de la información provista.
10. SI YO NO CALIFICO AHORA ¿PUEDO SOLICITAR MÁS TARDE? Sí. Usted puede solicitar en cualquier momento durante el año escolar.

11. ¿QUÉ PASA SI NO ESTOY DE ACUERDO CON LA DECISIÓN DE LA ESCUELA CON RESPECTO A MI SOLICITUD? Usted deberá hablar con los oficiales de la escuela. También podría solicitar una audiencia ya sea llamando o escribiendo a: **Ida Pieratt, 410 Camp Lincoln Road, Camp Verde, AZ 86322; (928) 567-8025; [ipieratt@campverdeschools.org](mailto:ipieratt@campverdeschools.org)**
12. ¿PUEDO SOLICITAR AUNQUE ALGUIEN EN MI HOGAR NO SEA CIUDADANO AMERICANO? Sí. Ni usted ni sus niños necesitan ser ciudadanos americanos para recibir comidas gratis o a precio reducido.
13. ¿A QUIENES TENGO QUE INCLUIR COMO MIEMBROS DE MI FAMILIA? Usted debe incluir a todas las personas que vivan en su hogar aunque no sean parientes suyos (por ejemplo, abuelos, otros parientes o amigos). Usted también debe incluirse a si mismo y a todos los niños que viven con usted.
14. ¿QUÉ PASA SI MI INGRESO NO ES SIEMPRE IGUAL? Anote la cantidad que usted recibe regularmente. Por ejemplo, si usted normalmente recibe \$1000 al mes pero se ausentó al trabajo el mes pasado y solo recibió \$900, anote que usted recibe \$1000 al mes. Si usted generalmente cobra por horas extras de trabajo incluya esa cantidad, pero no es necesario incluirla si solo trabaja horas extras a veces.
15. NOSOTROS ESTAMOS EN EL SERVICIO MILITAR, ¿DEBEMOS INCLUIR NUESTRO SUBSIDIO PARA VIVIENDA COMO PARTE DE NUESTRO INGRESO? Si su vivienda es parte de la Iniciativa de Privatización de Viviendas para Militares usted no necesita incluir el subsidio para vivienda como parte de su ingreso. Otros suplementos deben ser incluidos como parte de su ingreso.
16. MI ESPOSO/A ESTA EN UNA ZONA DE COMBATE. ¿ES SU PAGO CONTADO COMO INGRESOS? No, si la paga de combate es recibida además de su salario básico debido a su implementación y que no fue recibido antes de que ella fue desplegada, pago de combate no se cuenta como ingresos. Para obtener más información, póngase en contacto con su centro escolar.
17. MI FAMILIA NECESITA MÁS AYUDA. ¿EXISTEN OTROS PROGRAMAS QUE NOS PODRÍAMOS SOLICITAR? Para averiguar cómo solicitar [estado SNAP] u otros beneficios de asistencia, póngase en contacto con su Oficina de asistencia local o llama **1-800-352-8401**.

If you have other questions or need help, call: **(928) 567-8025**.

*Si necesita ayuda, por favor llame al teléfono: **(928) 567-8025**.*

*Si vous voudriez d'aide, contactez nous au numero: **(928) 567-8025**.*

Atentamente,

**Ida Pieratt**

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# INSTRUCCIONES PARA LA APLICACIÓN

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*UN MIEMBRO DEL HOGAR ES CUALQUIER NIÑO O ADULTO QUE VIVA CON USTED.*

## **Parte 1:**

Si el niño para el que usted solicita es un niño sin hogar, de una familia migratoria o abandono su hogar, marque el bloque apropiado [**your school, homeless liaison, migrant coordinator**]. Complete Bloque A y Bloque B en Parte 2 y pase a la parte 3.

## **Parte 2:**

- **Bloque A**–Listar todos los miembros del hogar.
- **Bloque B** – Listar la nombre de la escuela para cada niño, y el grado o escribir “NA” si el miembro de la familia no atiende a la escuela.
- **Bloque C** – Listar la número de caso para cada miembro de la casa (incluyendo adultos) que recibe de SNAP o TANF, Asistencia en Efectivo o beneficios de FDPIR. Pase a la Parte 3.
- **Bloque D** – Marque el bloque en esta sección para todos los niños en el hogar que son los niños de crianza (responsabilidad de una agencia de bienestar social o una corte). Pase a la Parte 3.
- **Bloque E** – Para cualquier miembro del hogar, incluidos niños, que no tienen ingresos, Usted debe marcar el bloque “no ingresos”.
- **Bloque F –Ingresos Bruto y Frecuencia:** Para cada miembro de hogar, listar cada tipo de ingresos que recibe. Informe con qué frecuencia se recibe el dinero—semanal, cada dos semanas, dos veces al mes, mensual o anualmente— rellena el círculo debajo de las cantidades de frecuencia. **Para las ganancias, asegúrese de incluir los ingresos brutos, no el sueldo neto. Ganancias de brutos es la cantidad que usted gana antes de impuestos y otras deducciones.** Usted puede adquirir esta información en sus talones de cheques o su empleador le puede decir. Para otros ingresos, liste la cantidad que cada persona recibió de bienestar, el apoyo de niño, alimony, pensiones, jubilación, Seguridad social, Ingresos del Seguro Social (SSI), Beneficios para Veteranos (VA beneficios), beneficios de discapacidad, Compensación a los Trabajadores, el desempleo o beneficios de huelga, las contribuciones regulares de personas que no viven en su hogar, y cualquier otro ingreso. No incluya los ingresos de SNAP, FDPIR, WIC, los beneficios federales de educación y los pagos recibidos por fomentar la familia de la agencia de colocación.

Por SÓLO los trabajadores autónomos, en virtud de rendimientos del trabajo, informe de ingresos después de gastos. Esto es para su negocio, granja o propiedad de alquiler. Si usted está en la Iniciativa de Vivienda Militar privatizada o se paga por combate, no se incluyen estos derechos como ingresos.

- **Bloque G – Dígitos de Seguro Social:** Un miembro adulto del hogar debe listar los últimos cuatro dígitos de su número de Seguro Social o marcar el bloque que indica que no tiene número de Seguro Social.

## **Parte 3:**

Un miembro adulto del hogar debe firmar la forma menos que la Parte 1 se completa.

## **Parte 4:**

Esta sección es opcional.

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# CAMP VERDE UNIFIED SCHOOL DISTRICT

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Dear Parent/Guardian:

Children need healthy meals to learn. Camp Verde Unified School District offers healthy meals every school day. Breakfast for the Elementary School costs **\$1.25**; Middle School and High School **\$1.50**; lunch for Elementary School costs **\$2.50**; Middle School and High School cost **\$2.75**. Your children may qualify for free meals or for reduced price meals. Reduced price is **30¢** for breakfast and **40¢** for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Ida Pieratt, 410 Camp Lincoln Road, Camp Verde, AZ 86322.**
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Rhonda Austin, Homeless Liaison, at (928) 567-8011** or [raustin@cvusd.k12.az.us](mailto:raustin@cvusd.k12.az.us), to see if they qualify.
5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at **(928) 567-8025** if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Ida Pieratt, 410 Camp Lincoln Road, Camp Verde, AZ 86322; (928) 567-8025; [ipieratt@campverdeschools.org](mailto:ipieratt@campverdeschools.org).**



12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1(800) 352-8401**.

If you have other questions or need help, call **(928) 567-8025**.

*Si necesita ayuda, por favor llame al teléfono: (928) 567-8025.*

*Si vous voudriez d'aide, contactez nous au numero: (928) 567-8025.*

Sincerely,

**Ida Pieratt**

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# INSTRUCTIONS FOR APPLYING

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*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

## **Part 1:**

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Rhonda Austin, Homeless Liaison at phone # (928) 567-8011**. Complete Box A and Box B in Part 2 and then skip to Part 3.

## **Part 2:**

- **Box A**—List all household members.
- **Box B** – List the name of the school attended by each child or mark N/A for household members not attending school.
- **Box C** – List the case number for any household member (including adults) receiving SNAP or TANF Cash Assistance or FDPIR benefits. Skip to Part 3.
- **Box D** – Check the box in this section for all children in the household who are foster children (legal responsibility of welfare agency or court). Skip to Part 3.
- **Box E** – For ANY household member, including children, with NO INCOME, you MUST check the “No Income” box.
- **Box F –Gross Income and How Often It Was Received:** For each household member, list each type of income received. Report how often the money is received—weekly, every other week, twice a month, monthly or yearly—by filling in the circle under the frequency amounts. **For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.

For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

- **Box G – Social Security Number:** Adult household member must list the last four digits of their Social Security Number or mark the box if she/he does not have one.

## **Part 3:**

Adult household member must sign the form unless Part 1 is completed.

## **Part 4:**

Completing this section is optional.

**Camp Verde Unified School District**  
**Electronic Information Services (EIS) Agreement**  
**For Students in Compliance with Policy IJNDB and IJNDB-R**

Each user of the EIS shall:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add, or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the electronic information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

I understand the EIS Agreement.

Student Name (printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*Welcome to the Camp Verde Unified School District*

*Phone Numbers:*

District Office (928) 567-8000

Registration Office (928)567-8011

[www.campverdeschools.org](http://www.campverdeschools.org)

Camp Verde Elementary School Attendance  
928-567-8061

Camp Verde Middle School Attendance  
928-567-8014

Camp Verde High School Attendance  
928-567-8041

South Verde Technology Magnet  
928-567-8076

Transportation Office  
928-567-8050 / 928-567-8051

Food Service/Cafeteria  
928-567-8025

Special Education  
928-567-8071

ELL Coordinator  
Steve Hicks  
928-567-8075

# Yavapai Library Network Agreement

Student Name \_\_\_\_\_

School Site \_\_\_\_\_

Camp Verde Unified School District has partnered with the Yavapai Library Network to provide our students' access to over 2 million books, materials and services available at all libraries throughout the Yavapai Library Network. In order for your child to participate in Interlibrary Loan you must agree to the YLN Universal Library Card Policy and Guidelines.

Please read the following carefully

- I agree to comply with all Library rules and regulations; to be responsible for materials borrowed from any Yavapai Library Network library with this card and for fees and fines incurred, including charges for lost and damaged Library materials; to give immediate notice of changes of address and loss of my Library card.

**Whenever necessary, the Library uses the services of a collection agency to retrieve overdue materials. In the event of loss or damage to Library materials, or uncollected late fines or charges, I agree to pay all costs of collection, including but not limited to reasonable attorney's fees.**

I understand that my card will be accepted at all Yavapai Library Network libraries and my patron information will be accessible to staff at those libraries.

- I wish for my student to **only** be allowed to check out books from the Camp Verde Unified School District Library.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Proof of residency in Yavapai County: (School Use Only)

- Mail cancelled within the last month
- Utility bill
- Rent receipts
- Legal document
- Current ID from an educational institution affiliated with the Yavapai Library Network.



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.



**State of Arizona  
Affidavit of Shared Residence**

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

\_\_\_\_\_  
\_\_\_\_\_

Location of my residence:

\_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

## 2012-2014 Solicitud Familiar Para Comidas Escolares Gratis O A Precio Reducido

**PARTE 1. SI EL NIÑO PARA EL QUE USTED SOLICITA ES UN NIÑO SIN HOGAR, DE UNA FAMILIA MIGRATORIA O ABANDONO SU HOGAR, MARQUE EL BLOQUE APROPIADO O Y LLAME A Rhonda Austin, Enlace para Niños Sin Hogares al teléfono (928) 567-8011 SIN HOGAR  FAMILIA MIGRATORIA  ABANDONÓ  Si se llena este parte, solo complete Bloque A y Bloque B en Parte 2.**

### PARTE 2. TODOS LOS MIEMBROS DE LA FAMILIA

Bloque A.	Bloque B.	Bloque C.	Bloque D.	Bloque E.	Bloque F.											
Nombres de los miembros del hogar (Inicial Primero, Segundo Nombre, Apellido)	Nombre de la escuela para cada niño, y el grado o escribir "NA" Si el miembro de la familia no atiende a la escuela	Si algún miembro de su familia recibe SNAP, FDPIR o TANF Asistencia en Efectivo, proporcionar el número de caso y <b>pase a la Parte 3.</b>	Si este solicitud es para un niño que es responsabilidad de una agencia de bienestar social o una corte, marque este bloque y <b>Pase a la Parte 3.</b>	Marque si <u>no</u> hay ingresos	<b>LOS INGRESOS BRUTOS DEL HOGAR</b>											
					Informe cuánto y la frecuencia de los ingresos brutos según de la guía de abajo : Semanales (S) <u>o</u> Cada 2 Semanas (2-S) <u>o</u> Mes (M) <u>o</u> Dos Veces al Mes (2-M) <u>o</u> Anualmente (A)											
					Las Ganancias de Trabajo Antes de Deducciones					Otros Ingresos (Welfare, el apoyo de niño, alimony, pensiones, jubilación, seguridad social, beneficios de SSI, VA)						
					Cantidad	Frecuencia					Cantidad	Frecuencia				
						S	2-S	M	2-M	A		S	2-S	M	2-M	A
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○

**Bloque G. Un miembro adulto de la familia tiene que firmar esta solicitud. Si completa la parte 2, Bloque E o Bloque F, el adulto que firma la solicitud deberá anotar sus últimos cuatro dígitos de Seguro Social o marcar el bloque que indica que no tiene número de Seguro Social.** (Vea el Acta de Privacidad en la parte posterior de esta página.)

Último cuatro dígitos de número de Seguro Social: \* \* \* - \* \* - \_\_\_\_\_  No tengo un número de Seguro Social

**PARTE 3. FIRMA (UN MIEMBRO ADULTO DE LA FAMILIA TIENE QUE FIRMAR ESTA SOLICITUD.)**

*Prometo que toda la información en esta solicitudes verdadera y que he reportado todos los ingresos. Entiendo que la escuela recibirá fondos Federales basado en la información que provea. Entiendo que los oficiales de la escuela pueden verificar la información. Entiendo que si proveo información falsa, mis niños podrían perder los beneficios de comidas y yo podría ser responsable legalmente.*

Firme Aquí: \_\_\_\_\_ Fecha: \_\_\_\_\_  
 Nombre deletreado: \_\_\_\_\_  
 Dirección: \_\_\_\_\_  
 Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código: \_\_\_\_\_  
 Teléfono: \_\_\_\_\_

**PARTE 4. MARQUE UNA IDENTIDAD ÉTNICA DE LOS NIÑOS (opcional)**

*Elegir una etnicidad:*  
 Hispano/Latino  
 No Hispano/Latino

*Elegir una o más (independientemente de etnicidad):*  
 Asiático  
 Indígena Norteamericano o Nativo de Alaska  
 De raza negra o Afro-Americano  
 Blanco  
 Hawaiano o de otra isla del Pacífico

**NO COMPLETE ESTA PARTE. ESTO ES PARA USO EXCLUSIVO EN ESCUELA.**

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: \_\_\_\_\_  
 Error-Prone  Case # Application  Categorically Eligible  
 Directly Certified – Attach to match result  Selected for Verification (see attachments)

Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Notice Sent: \_\_\_\_\_  
 Date Withdrawn: \_\_\_\_\_



Sus hijos pueden calificar para recibir comidas gratis o precio reducido si su ingreso familiar está en o por debajo de los límites de esta tabla.

ELEGIBILIDAD TABLA FEDERAL DE INGRESOS Para Año de Escuela 2013-2014			
Tamaño de Hogar	Anualmente	Mensual	Semanales
1	\$21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
Cada Persona Adicional:	+7,437	+620	+144

**Declaración del Acta de Privacidad: Esto explica como nosotros usaremos la información que usted nos provea.**

La Ley Nacional de Almuerzo Escolar, Richard B. Russell, exige la información en esta solicitud. Usted no tiene que proveer la información pero si no lo hace, nosotros no podemos autorizar que sus hijos reciban comidas gratis o a precio reducido. Se requiere los últimos cuatro dígitos de Seguro Social del miembro adulto del hogar quien firma la solicitud. Los últimos cuatro dígitos de Seguro Social no son necesarios si usted está solicitando para un hijo de crianza o usted anota el número de caso de Programa de Asistencia de Nutrición Suplementaria (SNAP), Beneficios en Efectivo (TANF), por sus siglas en inglés) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR) asignados a los niños para los cuales está solicitando. Tampoco es necesario proveer el número de Seguro Social si usted indica que el miembro adulto del hogar que firmó la solicitud no tiene un número de Seguro Social. Nosotros usaremos su información para evaluar si sus hijos califican para comidas gratis o a precio reducido, para desarrollar el programa, y para hacer cumplir con las reglas del programa. Nosotros PODRÍAMOS compartir su información de elegibilidad con programas de educación, salud y nutrición para ayudar a esos programas a evaluar, financiar o determinar beneficios; con auditores que revisan programas; y con personal de justicia para ayudarles a investigar violaciones a las reglas de estos programas.

**Declaración de No-Discriminación: Esto explica qué hacer si usted cree que se le ha tratado injustamente.** De acuerdo con la ley Federal y la política del Departamento de Agricultura, está prohibido que esta institución discrimine por motivo de raza, color, nacionalidad, sexo, edad o incapacidad. Para presentar una queja por discriminación, por favor escriba a *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* o llame al 202-720-5964 (voz y TDD). USDA no discrimina en sus programas y empleo.