



ELIZABETH SCHOOL DISTRICT ANNOUNCES NO-COST MEALS FOR ALL STUDENTS

For the 2024-2025 School Year, Elizabeth School District will provide no-cost Breakfast and Lunch for all students.

Students who are not hungry perform better in school. By providing Breakfast and Lunch to all students, we better support their learning.

It is important for households to still provide income information when requested. While meals will be provided at no cost to all students in participating schools, Elizabeth School District must continue to gather this information to receive full access to state and federal funding. Additional funds go directly to schools to help cover the cost of meals, after-school activities and other nutritional programs for students. **Plus, qualifying households may be eligible for Summer EBT benefits and to receive discounted school fees, class materials, bus passes, utilities support, and more.**

The following contains more information on eligibility determination for free and reduced-price meals. Please note that, while the following pages may reference eligibility for free or reduced-price school meals, Breakfast and Lunch **will be provided free to all students in the 2024-2025 school year regardless of household income.**

Elizabeth School District announced its policy for determining eligibility of students who meet federal free and reduced-price school meal guidelines served under the National School Lunch and School Breakfast. Local school officials will use the following household size and income criteria for determining eligibility.

Household Size	Free Guidelines – Annual Income	Reduced-Price Guidelines – Annual Income
1	\$19,578	\$27,861
2	\$26,572	\$37,814
3	\$33,566	\$47,767
4	\$40,560	\$57,720
5	\$47,554	\$67,673
6	\$54,548	\$77,626
7	\$61,542	\$87,579
8	\$68,536	\$97,532
For each additional person:	\$6,994	\$9,953

Children from families whose income is at or below the levels shown are eligible for free or reduced-price meals.

The school meals that Elizabeth School District serves follow U.S. Department of Agriculture guidelines for healthy school meals.

For information on where to find an application and how to apply, please read the attached letter.

Applications for free and reduced-price school meals, instructions and an informational letter to households are available <https://www.payschoolscentral.com/>. Only one application is required for all students in the household. The information provided on the application is confidential and will be used only for determining eligibility and verifying data.

Applications from households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, Food Distribution Program on Indian Reservations (FDPIR) benefits or Temporary Assistance for Needy Family (TANF/Colorado Works, Basic Cash Assistance or State Diversion) benefits need to provide the respective case number and the signature of an adult household member. Eligibility for free school meals is extended to all students in the household when the application provides a case number for any household member.

Households that qualify based upon income must provide the names of all household members related or not (such as grandparents, other relatives or friends), the amount of gross income each household member receives, the frequency and source of pay, the signature of an adult household member and the last four digits of that adult household member's Social Security number—or check the box if the adult household member does not have a social security number. Elizabeth School District or program officials may verify the information on the application at any time during the school year.

Households with students who are eligible under the Head Start, homeless, migrant, or runaway programs should contact Teri Maher tmaher@esdk12.org for assistance in receiving meal benefits. To complete an application, the household must mark the relevant box to indicate their appropriate eligibility and the signature of an adult household member is required.

Foster students who are under the legal responsibility of a foster care agency or court are eligible for free school meals. Any foster child in the household is eligible for free school meals regardless of income. If a household has only foster students in the home and wishes to apply for free school meals, the application should be completed using the instructions for *households with foster children only*. If a household has foster and non-foster children living with them and wishes to apply for free school meals, the application should be completed using the instructions for *households with foster and non-foster children residing in the home*. Including foster children as household members may help other children in the household qualify for meal benefits. If the foster family is not eligible to receive meal benefits, it does not prevent a foster child from receiving free school meals.

An application cannot be approved unless it contains complete eligibility information as indicated on the application and instructions.

When determined by Elizabeth School District, that members of a household are receiving assistance from SNAP, TANF, Medicaid or FDPIR, households will be notified of their student's eligibility for free or reduced-price school meals. If the household receives such notice, no application is required for free or reduced-price school meal benefits. If any students in the household were not listed on the eligibility notice or not listed on the application, the household should contact Elizabeth School District to have benefits extended to all students in the household.

When determined by Elizabeth School District, that an individual child is categorized as homeless, migrant, or runaway or is enrolled in an eligible Head Start program, households will be notified of the child's eligibility for free school meals. For any students not listed on the eligibility notice, the household should contact Elizabeth School District about eligibility under one of these programs or should submit an application for other students.

Elizabeth School District will notify households of their student's eligibility for free or reduced-price school meals. The eligibility is valid for the current school year and a carryover period of up to 30 operating days into the next school year. When the carryover period ends, unless the household is notified that their student(s) are directly certified or the household submits an application that is approved, Elizabeth School District will not send a reminder or a notice of expired eligibility and the student must pay full price for school meals. Households notified of their student's eligibility for free or reduced-price school meals must contact Elizabeth School District if they choose to decline meal benefits.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced-price meals. Please contact your school district.

Under the provision of the free and reduced-price school meal policy, Teri Maher will review applications and determine eligibility. If a parent is dissatisfied with the decision, a request may be made to discuss it with the determining official. A formal appeal may be made either orally or in writing to John Rogerson jrgerson@esdk12.org 303-646-1832 for a hearing to appeal the decision. Elizabeth School District has a copy of the complete free and reduced-price school meal policy, which may be reviewed by any interested party. The policy contains an outline of the hearing procedure.

Applications may be submitted at any time during the school year. The household may complete an application if any household member(s) have a decrease in income, become unemployed, have an increase in family size, become eligible for SNAP, TANF or FDPIR benefits or become categorically eligible.

If you are eligible for free or reduced-price school meals you may be eligible for SNAP, TANF, Medicaid or FDPIR.

For more information about the above assistance programs please visit: <https://coloradopeak.secure.force.com>.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.

Support Your Child's School by Completing the Household Income Form

Step-by-Step Instructions

While all students at your school may now get no-cost school meals, it is still important to fill out the household income form. It can help qualify your school for funding to support students. ***It also can help qualify some students for other benefits, such as not having to pay certain school fees.***

These instructions will help guide you through the steps on the form, which is titled Free/Reduced-Price School Meals & Family Economic Data Survey. Complete only one application per household. Use a black or blue pen, not a pencil.

Step 1 List all children

- List first and last names of all children in your household. Providing their date of birth and grade is optional. If you need room to list additional children, use an extra sheet of paper and attach it to the application.
- Check the appropriate box for any Foster Child, Runaway, Homeless and/or Migrant student, or leave blank.
- If you receive benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works), and/or Food Distribution Program on Indian Reservations (FDPIR), list your case number from any one of these programs. Do not include your card or account number. ***If you list a case number for any of these benefits, go straight to STEP 3 (skip STEP 2). If you do not receive benefits from any of these programs, leave the case number section blank and go to STEP 2.***

Step 2 Report all household income (for students & adults)

To complete this section, you may want to keep the following information handy:

- Earnings statements or pay stubs from work
- Benefits statements such as those from Social Security or retirement accounts
- Other financial documents for any other sources of income

List all adult household members (including yourself) and their income. If an adult does not have any income, enter '0'. ***Also, list again in this section any students who receive income.*** Report gross income (total income before taxes and deductions). Households with incomes at or below the income limit may be eligible for Summer EBT. For examples of types of income to include in each of these categories, please see the bottom of these instructions.

Types of income to include:

- 1. Earnings from work:** Report the total gross income for the period selected, not the hourly wage. Gross income is the total income before taxes or other deductions (like health insurance premiums) are subtracted. For example, if you are paid \$500 in gross income every two weeks, write \$500 in the income field and check the "every 2 weeks" box. If you do not normally receive overtime pay, do not report it.
- 2. Public assistance/child support/alimony:** List the total amount each person receives from child support, alimony, or public assistance programs other than SNAP, TANF/Colorado Works or FDPIR. For example, if you receive \$500 per month in child support, write \$500 in the field and check the "monthly" box.
- 3. Pensions/retirement/all other income:** Report net income for a self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. Do not include any Military Housing Privatization Initiative allowance.

List total household members. Add all the students you listed in **STEP 1** plus all the adults listed in **STEP 2** and enter that number in the "Total Number of Household Members" space.

Provide the last four digits of your Social Security Number or check the box to note no Social Security Number. This information is not reported to anyone. *You do not need to provide a Social Security Number if you are only applying for Summer EBT benefits or if all your children attend a Community Eligibility Provision (CEP) school.* If you are not sure if your school is a CEP school, just ask.

Step 3 Signature & contact information

Sign the application, print your first and last name and the date.

Provide your contact information if you want to receive eligibility notifications. (This is optional.) The mailing address listed will be used to mail a Summer EBT card to families that qualify. If you plan to move, or have recently moved, apply for Summer EBT benefits in the state your child(ren) will complete the school year prior to summer break.

Step 4 Release of information

The information you provide on this application may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If you do NOT want your information shared with Medicaid/SCHIP, check that box. Check the "yes" box if you DO want your information shared with other programs for which you might qualify. You may have fees waived for certain exams or books if you qualify.

Optional: Provide any listed student's ethnic and racial information. For racial information, you may check more than one box.

Return the completed form to your school or submit it online, if your school district has that option!

What types of income must be reported in Step 2?

See examples below.

Examples of student income

- Earnings from work
- Social Security, disability, or survivor's payments
- Any other type of income regularly received

Earnings from work

- Wages, salaries, and tips
- Strike benefits
- Unemployment compensation
- Worker's Compensation
- Net income from a self-owned business or farm

Public assistance/child support/alimony

- Public assistance payments
- Welfare payments
- Alimony payments
- Child support payments
- Social Security benefits

Pensions/retirement/all other income

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran benefits
- Social Security
- Disability benefits
- Cash regularly withdrawn from savings
- Interest and dividends
- Income from estates, trusts, and investments
- Regular contributions from people not living in the household
- Net royalties, annuities, and rental income
- Any other regularly received income, whether federally recognized or not must be reported

2025 Application for Free/Reduced-Price School Meals & Family Economic Data Survey

Elizabeth School District

<https://www.elizabethschoolsdistrict.org/>

Complete one application per household. Use a black or blue pen (NOT a pencil). See the Step-By-Step Instructions for more **information**. Some schools in our district participate in the Community Eligibility Provision (CEP) and some do not. The purpose of this form is to determine eligibility for meal benefits for students in non-CEP schools. For students in CEP schools, the information will be used to determine eligibility for other types of benefits.

STEP 1: List all infants, children and students through grade 12 (If you need more space, attach an additional sheet)

Child First Name	MI	Child Last Name	Birth Date (MM/DD/YY)	Grade	Foster Child	Runaway	Homeless	Migrant

Check all that apply. Refer to instructions for info on categories.

Do any household members receive SNAP, TANF/CO Works, or FDIPIR benefits? If **YES**, list case number and go to STEP 3. If **NO**, go to STEP 2.

STEP 2: Report income for all household members, including students

List all adults in your household. Report their **total gross income**. If an adult does not have income, write zero (0). Add students in your home that receive income. See instructions for more information.

First and last name of household members	Earnings From work	Public Assistance/Child Support/Alimony	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	Pensions/Retirement/All other income	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually
	\$	\$						\$					
	\$	\$						\$					
	\$	\$						\$					
	\$	\$						\$					
	\$	\$						\$					

STEP 3: Signature and Contact Information.

"I certify my children are not receiving Summer EBT benefits in another state or Indian Tribal Organization. I certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Total Number of Household Members (All children and adults that live in your home)

Last four digits of Social Security Number. Not required for CEP schools or Summer EBT.

Check box if no Social Security Number

Mailing Address or PO Box	City	State	Zip Code	Email Address
Home or Cell Phone Number	SIGNATURE of Adult Household Member (Required)			
Printed First and Last Name of Signer	Today's Date			

STEP 4: Release of Information

The details you give on this form will be used with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices.

☐ **DO NOT** share information with Medicaid/SCHIP

Share my information with the following programs I've checked:

- ☐ Advanced Placement (AP) Exam and/or AP Book Fees ☐
- ☐ Accelerate College Opportunity Exam and/or Book Fees ☐

Return completed application to: Elizabeth School District Food Service 137 Walnut Elizabeth CO 80107

OPTIONAL: Children's Ethnic and Racial Identities

We are required to ask for information about your children's race and ethnicity. Responding is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity: (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

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 submit all needed information, we cannot approve your child for free or reduced price meals or Summer EBT. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply for Summer EBT or 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.

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/USDA-OASCR20P-Complaint-Form-0508-0002-508-11-28-17Fox2Mail.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.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per month x 24; Monthly x 12

Application Type

☐ Total Household Income: \$ _____ Household Size _____

Household Income Frequency ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly ☐ Annually

Categorical Eligibility

☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster ☐ Homeless/Migrant/Runaway/Head Start

Application Status

Approved ☐ Free ☐ Reduced

Denied ☐ Over Income Guidelines ☐ Incomplete/Missing

Notes:

Determining Official Signature: _____

Approval / Denial Date: _____

Notification Sent: _____

Note: All types of income must be combined in total household income, not just earnings from work.