



# 2022/2023 HOUSEHOLD INCOME FORM: COMMUNITY ELIGIBILITY PROVISION (CEP)

Please fill out the Income Form if any children attend the following schools: Amphi High School, Amphi Middle School, Holaway Elementary, Keeling Elementary, Nash Elementary, Prince Elementary, Rillito Center, & Rio Vista Elementary

(Form #)

(Date Received)

## 1. LIST ALL STUDENTS ATTENDING AMPHITHEATER SCHOOLS

CHILD'S FIRST NAME	MI	CHILD'S LAST NAME	DATE OF BIRTH	SCHOOL NAME	Foster Child	Homeless, Migrant, Runaway
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			

Fill Out Online @  
Family.TitanK12.com

## 2. Gross Household Income: List all adults living in your household, how much, and how often they are paid (weekly, biweekly, twice a month, monthly). **DO NOT LEAVE**

**INCOME BLANK.** If you have no income, check the box. If you have listed an adoptive child/children above you must report their personal income.

**NO INCOME** ☐

Name of Adult Household Members (First and Last)	GROSS Earnings from work	How often?				Public Assistance/ Child Support	How often?				Pensions/ Retirement/All other Income	How often?				
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly	

## 3. HOUSEHOLD SIZE

\_\_\_\_ TOTAL NUMBER OF ADULTS IN YOUR HOUSEHOLD

\_\_\_\_ TOTAL NUMBER OF CHILD IN YOUR HOUSEHOLD

## 4. YOU MUST PROVIDE SIGNATURE: An adult household member must sign this application. I certify (promise) that all information on this application is true and that all income is reported. I understand that the information is being given so the school can receive federal funds.

SIGNATURE OF ADULT COMPLETING THE FORM-REQUIRED

PRINT NAME OF ADULT COMPLETING THE FORM

TODAY'S DATE

TELEPHONE NUMBER

STREET ADDRESS (if available)

APT #

CITY

STATE

ZIP CODE

EMAIL ADDRESS (Optional)

## DO NOT WRITE BELOW THIS LINE-FOR SCHOOL USE ONLY

Free ☐

Reduced ☐

Neither ☐

Federal Program \_\_\_\_\_

Household size: \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

Per: Week Bi-Weekly 2x Month Monthly Annually

\_\_\_\_\_  
Determining Official's Signature & Date

Sources of Income for Children		Sources of Income for Adults		
Type of Income	Examples	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Earnings from work	A child has a job where they earn a salary or wages.	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) <b>If you are in the U.S. Military:</b> - Basic pay and cash bonuses ( <i>do not include combat pay, FSSA, or privatized housing allowances</i> ) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household
Social Security	A child is blind or disabled and receives Social Security benefits.			
-Disability payments -Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.			
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> provides a child spending money.			
Income from any other source	A child receives income from a private pension fund, annuity or trust.			

### AMPHITHEATER PUBLIC SCHOOLS FOOD SERVICE 2022/2023

#### CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

**For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.**

☐

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Summer School and PAL/ASAP**.

☐

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Extracurricular Activities (Middle and High School Only)**.

☐

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **District Offices for Curriculum and Testing (Middle and High School Only)**

☐

No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

**\*\*If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.\*\***

Signature of Parent/Guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_

For more information, you may call the Amphitheater Food Service Office at **(520) 696-5133** or e-mail our office at [amphifoodservice@amphi.com](mailto:amphifoodservice@amphi.com)

Return this form to: **Amphitheater Public Schools Cafes**

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.

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, audiotape, 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, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).