

2021-2022

FEDERAL PROGRAM INCOME VERIFICATION FORM

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

Return form to your school or Mail to: 701 W Wetmore Rd. Tucson, AZ 85705



(Form #)

(Date Received)

Fill Out Online @
Family.TitanK12.com

STEP 1

LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN YOUR HOUSEHOLD
(If more spaces are required for additional names, attach additional sheets.)

Child's First Name	MI	Child's Last Name	Date of Birth	School Name	Foster Child	Homeless, Migrant, Runaway
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			

OPTIONAL: Children's Race & Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic of Latino

Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Sometimes children in the household earn income/ Please include the **TOTAL GROSS** income earned by all children household members listed in STEP 1. If no income enter "0".

Child GROSS income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If **YES** write the CASE # below:

STEP 2

Do any household members (including yourself) currently participate in one of the following assistance programs: SNAP, TANF, or FDPIR? NO YES

STEP 3

ALL OTHER HOUSEHOLD MEMBERS: List all household members NOT included in STEP 1 (including yourself) even if they do not receive income. If income is received by any person listed, report the total amount from each source in whole dollars only and select the correct how often box. For members with no income from any source, leave blank or write "0" under the appropriate column. If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

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
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a case number is entered, SKIP STEP 3 and go to STEP 4

OFFICE USE ONLY

- Free
- Reduced
- Neither
- Federal Program _____

Household size: _____

Total Income: \$ _____

Per: Week Bi-Weekly 2x Month Monthly Annual

Determining Official's Signature & Date
Follow -Up Official's Signature & Date

STEP 4

I certify (promise) that all information on this verification form is true and that all income is reported.

Signature of adult completing the form- Required	Printed name of adult completing the form	Today's Date	Phone Number
Street Address (if available)	Apt #	City	State
		Zip Code	Email (Optional)

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) If you are in the U.S. Military: - 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 - Strike 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 -Disability payments -Survivor Benefits	A child is blind or disabled and receives Social Security 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 2021/2022
 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 dfrancisco@amphi.com

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

Mailing Address: **Amphitheater Public Schools
701 W Wetmore Rd Tucson, AZ 85705**

Physical Address: **Amphitheater Public Schools
200 E Roger Rd Tucson AZ 85705**

This institution is an equal opportunity provider.

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, 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.