



Mark one or more racial identities:

- American Indian or Alaska Native
- Black, or African American
- White

- Asian
- Native Hawaiian or Other Pacific Islander

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**Child Nutrition Eligibility:** 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 (Basic Food), 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/ad-3027.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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider. La Center School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Lauri Landerholm, Civil Rights Coordinator, 2001 NE Lockwood Crk. Rd., La Center, 360-263-2136, Matt Cooke, Title IX Officer, 725 NE Highland Rd., La Center, 360-263-1700, Carrie Lindsey, Section 504 Coordinator, PO Box 1840, La Center, 360-263-2131

**SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do **NOT** convert to annual income unless household reports multiple pay frequencies).

<b>LEA APPROVAL:</b>	<input type="checkbox"/> Basic Food/TANF/FDPIR/Foster	Total Household Size	_____	Weekly	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>	2x per Month	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Annual	<input type="checkbox"/>
	<input type="checkbox"/> Income Household	Total Household Income	\$ _____										
<b>APPLICATION APPROVED FOR:</b>	<input type="checkbox"/> Free Eligible	<b>APPLICATION DENIED BECAUSE:</b>	<input type="checkbox"/> Income Over Allowed Amount	<input type="checkbox"/> Other: _____									
	<input type="checkbox"/> Reduced-Price Eligible		<input type="checkbox"/> Incomplete/Missing Information										

\_\_\_\_\_  
Date Notice Sent

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date