

**2024–25 Child Nutrition Eligibility & Education Benefit Application
LYNDEN SCHOOL DISTRICT**

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: FOOD SERVICE OFFICE @ BERNICE VOSSBECK ELEMENTARY 1301 BRIDGEVIEW DR. LYNDEN, WA 98264 OR YOUR CHILD'S SCHOOL OFFICE

Check here if you received meal benefits last year:

1. List all students living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. Homeless Migrant

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food TANF Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Income Frequency				Public Assistance/ Child Support/ Alimony	Income Frequency				Pensions/ Retirement/ Social Security (SSI)	Income Frequency				Any Other Income Not Already Listed	Income Frequency			
			Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Check if no SSN:
 (total listed must equal number of household members listed above) Primary Wage Earner or Other Household Member (Optional if only applying for Summer EBT)
5. Contact Information & Signature – Complete, sign, and return this application to: NARLENE VANBEEK FSD @ BERNICE VOSSBECK ELEMENTARY 1301 BRIDGEVIEW DR. LYNDEN, WA 98264 OR YOUR CHILD'S SCHOOL OFFICE

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

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State & Zip Code

Daytime Phone

Date

6. Children’s Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)’s eligibility for free & reduced-price meals.

Mark one or more racial identities:

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

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

Lynden School District’s Non-Discrimination Statement

This institution is an equal opportunity provider and employer.

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).

LEA APPROVAL:	<input type="checkbox"/> Basic Food/TANF/FDPIR/Foster	Total Household Size	_____	Weekly	Bi-Weekly	2x per Month	Monthly	Annual
	<input type="checkbox"/> Income Household	Total Household Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICATION APPROVED FOR:	<input type="checkbox"/> Free Eligible	APPLICATION DENIED BECAUSE:	<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