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**Total Household Members**  
(Students' and Adults from Steps 1 and 3)

**Last four digits of Social Security Number (SSN) or mark "no SSN"** of adult signing this form only if Step 3B has been completed. **XXX-XX-**

**Check box if no SSN**

**STEP 4 Contact information and adult signature. Mail signed and completed application to: Woodlin School, 15400 Cnty Rd. L, Box 185, Woodrow, CO 80757**

"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."

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

**STEP 5 Release of Information**

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If your students are eligible to receive free or reduced-price meals this information may be shared with the school/district for purposes of waiving school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. **Your information WILL be shared unless you check one of the boxes below.**

- Do NOT share my information   
  Do NOT share my information   
  Medicaid/SCHIP   
  Advanced Placement   
  Accelerate College   
  List Specific Program   
  List Specific Program

**OPTIONAL Children's Racial and Ethnic Identities**

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.

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

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

**NEED HELP BUYING GROCERIES?**

- Receive one-on-one assistance with applying for **food stamps**
- Referrals to **food pantries** and free meals
- Get information on child and senior **nutrition programs**

**Food Resource Hotline**

**CALL US TODAY!** STATEWIDE, TOLL-FREE **855-855-4626**  
METRO DENVER **720-382-2920**

**¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?**

- Reciba ayuda personalizada para solicitar las **estampillas de comida**
- Derivaciones a **bancos de comida** y comidas gratis
- Obtenga información sobre **programas de nutrición** para niños y ancianos

**Línea Directa de Recursos de Comidas**

**¡LLÁMENOS HOY!** LÍNEA ESTATAL **855-855-4626**  
METRO DENVER **720-382-2920**



**Colorado PEAK** is an online **Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x Monthly x 12** service for medical, food and cash assistance programs.

Application Type:

- Total Household Income: \$ \_\_\_\_\_  
 Household Size: \_\_\_\_\_  
 Household Income Frequency -  Weekly  Bi-Weekly  2x/Month  Monthly  Annually

Visit **coloradopeak.force.com** to learn more.

Application Status:  
 Approved -  Free  Reduced  
 Denied -  Over  
 Income Guidelines

Annual 24;

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x Monthly x 12

Categorical Eligibility - SNAP FDPIR TANF Foster  
Homeless/Migrant/Runaway/Head Start

Incomplete/Missing: \_\_\_\_\_

Notes: \_\_\_\_\_

Determining Official Signature:

Approval/Denial Date:

Notification Sent:

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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. 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 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.