



NEO's New Vistas High School Updated Contact Information Form

PLEASE COMPLETE ALL PARTS OF THIS FORM

Students Full Name _____
Last First MI

Parent / Guardian Name _____
Last First

Parent/Guardian Name _____
Last First

Home Phone: _____ (Land Line)

Student Cell Phone: _____ Email: _____

Mothers Cell Phone: _____ Email: _____

Father's Cell Phone: _____ Email: _____

Home Address: _____
Street City IN State Zip Apt

Emergency Contact Information:

Name	Relationship	Phone	Phone Type	Phone	Phone Type
			<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
			<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
			<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home

Student Signature (Over 18)

Date

Parent Signature (Under 18)

Date



Neighbors' New Vistas High School

Release of Information Documentation

Students Full Name

Date

Photo & Media Release:

I give permission for photographs and video images of my/my child to be released to local newspapers, television, or other media such as part of the school's web pages, Facebook, newsletters, or brochures for the purpose of students and or program recognition.

Student Signature

Parent Signature (if under 18)

I give my permission for Neighbors' Educational Opportunities and Neighbors' New Vistas High School to release information regarding my enrollment status, academic progress, attendance and assessments to the following:

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Parent/Guardian
<i>*required if 18 or older</i> | <input type="checkbox"/> Colleges or Training Institutions | <input type="checkbox"/> Workone |
| <input type="checkbox"/> Courts, Probation Officer | <input type="checkbox"/> Military | |

Military "Opt – Out" Information

Section 9528 of the *No Child Left behind Act of 2001* requires to release out family's private information to military recruiters unless we "Opt-Out" in writing.

- As a parent, I am exercising the right to request that you do not turn over the name, address, telephone listing and school records to the Armed Services, Military Recruiters or Military Schools of the following student.
- As a student of the age of majority, I request my own name, address, telephone number and school records not be released to the Armed Forces, Military Recruiters or Military Schools.

Student Signature

Parent Signature (if under 18)

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY


Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last **3 years**, have your children moved for any reason? **YES** ____ **NO** ____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? **YES** ____ **NO** ____

If you answered **NO** to either of these questions, please stop. 

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|--|--|
| _____ Plant or harvest vegetables or fruits | _____ Canning vegetables or fruits |
| _____ Detassel corn | _____ Sod farm |
| _____ Tobacco farm | _____ Planting, pruning or cutting trees |
| _____ Poultry and/or egg farm | _____ Dairy farm |
| _____ Duck, turkey, chicken, pork or beef processing plant | _____ Flora culture/gladiola farm |
| _____ Aquaculture/fish hatcheries | _____ Green house or plant nursery |

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).

ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial**.

Nombre del Estudiante: _____ Nombres de los Padres: _____

Dirección: _____ Ciudad: _____ Teléfono: (____) _____

Fecha: _____ Firma de los Padres: _____

1. ¿Durante los **últimos 3 años**, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ** _____ **NO** _____
2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ** _____ **NO** _____

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí. 

Si contestó **SÍ**, favor de continuar.

3. ¿Cuando fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____
4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

- | | |
|---|--|
| <input type="checkbox"/> Matadero de patos, pavos, pollos, cerdos o vacas | <input type="checkbox"/> Enlatar o congelar verduras o frutas en la bodega |
| <input type="checkbox"/> La espiga (maíz) | <input type="checkbox"/> Trabajar en la siembra o cosecha de césped |
| <input type="checkbox"/> Cultivar tabaco | <input type="checkbox"/> Plantar, emparejar o cortar árboles |
| <input type="checkbox"/> Pollería o granja de huevos | <input type="checkbox"/> Granja de vacas lecheras |
| <input type="checkbox"/> Plantar o cosechar verduras o frutas | <input type="checkbox"/> Cultivar y cosechar flores |
| <input type="checkbox"/> Trabajar en un criadero de peces | <input type="checkbox"/> Trabajar en la cría de plantas |

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con Usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	

NEW VISTAS HIGH SCHOOL HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____
School _____ Phone _____
Age _____ Grade _____ D.O.B. _____
Address _____ City _____
Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary housing
- _____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Provide care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at [Insert phone number].

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth Date

Signature of McKinney-Vento Liaison Date

Parent/Guardian Consent Form

Dear Parent/Guardian:

Your son/daughter, _____, has been referred to Communities In Schools of Lake County. My name is Siara Burks, and I will be your point of contact for any questions you may have about Communities In Schools and any supports we provide and/or arrange for your child. You may contact me at s.burks@cisoflc.org or 219-850-4448 x7104.

Your consent is required for your child's general participation in Communities In Schools programs and any services that might be arranged for your child. Please complete the following:

I give permission for my child to participate in the Communities in Schools of Lake County program at NEO/ New Vistas High School while he/she is enrolled at NEO/ New Vistas High School.

By providing my initials to the following items below, I authorize the following with regards to services:

- ☐ I give permission for my child to participate in the CIS program. The supports provided by CIS or brokered by another provider may include but are not limited to educational support, tutoring, mentoring, enrichment activities, testing, supportive guidance/counseling and referrals to other agencies as needed. Supports provided by CIS to my child will be documented in a secure database for tracking and reporting purposes.
- ☐ I give permission for my child to participate in surveys and/or interviews about his/her knowledge, attitudes or skills.
- ☐ I give permission for my child to participate in field trips and other activities sponsored by CIS of Lake County. Private transportation may be used in these and other activities.
- ☐ I give permission for routine or emergency medical or dental treatment by any licensed medical practitioner to be provided in the event of illness or accident if I am unable to be reached. I further state that I will not hold CIS of Lake County or any other authorized work site, organization or agency liable for medical treatment in case of illness, accident or any other emergency situation.
- ☐ To further my child's academic, personal and vocational development, I will participate in at least one parent-team conference and one phone call with a CIS site coordinator per year to discuss my child's progress.
- ☐ Additionally, I give my permission to CIS of Lake County to photograph, film, video and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, video, sound recordings and/or other statements for educational and promotional/advertising materials.

By providing my initials to the following items below, I authorize the following with regards to the release of information about my child:

☐ I give permission for NEO/ New Vistas High School to disclose my child's Educational Records to CIS of Lake County for the purposes of developing and modifying the support(s) provided to my child and to evaluate and determine the effectiveness of the program. My consent to release information is valid for as long as my child is enrolled at NEO/ New Vistas High School. My child's Educational Records will only be used as permitted under the Family Educational Rights and Privacy Act (FERPA) and will not be disclosed except as necessary by law. The data to be released include the following (please provide an initial for each category of information listed that you agree to be released to CIS of Lake County).

- ☐ Attendance records
- ☐ Behavior records
- ☐ Grade reports, test scores and transcripts
- ☐ Demographic information
- ☐ Promotion/Retention/Graduation status
- ☐ Free and reduced price lunch qualifications (if available and permitted by the school in which my child is enrolled)

I understand that all information pertaining to my child will be kept by CIS of Lake County in a secure database and/or case files. I understand that this information will remain confidential and that approved staff, volunteers or agents of CIS of Lake County will be able to access and view my child's data, along with designated data administrators at the CIS national office (Communities In Schools, Inc.) and appropriate state office Communities In Schools of Lake County who have permission to manage the network-wide data management system. I understand that my child's responses will be automatically grouped together with the responses of other students for any public presentations of findings, and that my child will not be individually linked to his/her responses.

I understand that I have the right to request a copy of any of my children's educational records disclosed according to the conditions of this consent and that this consent is voluntary and may be revoked at any time by informing CIS of Lake County staff in writing. This consent will remain in effect and all actions performed based on my original granting of consent will be covered until the date when CIS is notified of my intention to revoke my consent.

By signing below, I agree to all of the terms in this Consent.

Name of Parent or Guardian (Printed)

Signature

Date



Neighbors' New Vistas High School Textbook & Technology Payment Form

FOR OFFICE USE ONLY

- ☐ Free D/C
- ☐ Free
- ☐ Reduced
- ☐ Full Pay

Students Name

Date

Please complete the information below of the person responsible for payment.

Name

Relationship to Student

Street Address

City

State

Zip

Phone

E-Mail

New Vistas High School Textbook Rental and Technology Fees for the term must be paid in full at time of registration. If a student qualifies for free or reduced textbooks, payments will be reduced or waived. New Vistas Textbook Rental and Technology fees are \$58.85 per term (Non-Refundable). If payment plan is needed, \$25 from current term is due at registration. The remainder of the payment is due 30 days after the first day of class. There is a 5% discount for paying two terms in full at registration and a 10% discount for paying all three terms upon registration for year.

Full Price:	1 Term: \$58.85	2 Terms: \$117.70 5% discount if paid in full for 2 terms \$105.93	3 Terms \$176.55 10% Discount if paid in full for 3 terms = \$156.36
Reduced Price:	2 Term: \$45.90	2 Terms: \$91.80 5% discount if paid in full for 2 terms = \$82.62	2 Terms: \$137.70 5% discount if paid in full for 2 terms = \$121.17

Terms for which you are attending: ☐ Term 1 ☐ Term 2 ☐ Term 3 Total: _____

By signing below, I agree to honor the terms of this agreement and be responsible for payment.

Signature person responsible for payment
(Must be signed if student is under 18)

Date

FOR OFFICE USE ONLY

<u>Term</u>	<u>Amount Paid</u>	<u>Receipt #</u>	<u>Date</u>	<u>Remaining Balance</u>	<u>Notes:</u>
-------------	--------------------	------------------	-------------	--------------------------	---------------

1

2

3

☐ Letter Sent Home - Date: ____ / ____ / 2019

Neighbors' New Vistas High School 2019-2020 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Prescribed by State Board of Accounts
School Form No. 521/2018

STEP 1 List ALL infants, children, and students up to grade 12 who are members of your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Student?		Only Students: Name of School Building	Only Students: Birthdate	Only Students: Grade	Living with parent or caretaker relative?		Foster Child	Homeless, Migrant, Runaway
			Yes	No				Yes	No		
1			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

If **NO** > Go to STEP 3.

If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: / / / / / / / / /

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what to do here?

Please read **How to Apply for Free and Reduced Price School Meals** for more information.

The **Sources of Income for Children** section will help you with the **Child Income** question.

The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in household listed in STEP 1 here.

Child income \$

How often?

Weekly	Every 2 Wks	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report **total (gross) income before any taxes or deductions** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. 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)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Every 2 Wks	2x Month	Monthly		Weekly	Every 2 Wks	2x Month	Monthly		Weekly	Every 2 Wks	2x Month	Monthly
1	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X	X	X	X	X				
---	---	---	---	---	--	--	--	--

Check if no SSN ☐

STEP 4 Contact information and adult signature. Mail Completed Form To: Neighbors' New Vistas High School Turn for Textbook Benefits

"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."

Printed name of adult completing the form

Street Address (if available)

Apt #

Signature of adult completing the form

City

State

Zip

Today's date

Daytime Phone and Email (optional)

STEP 5**Other Benefits – This section does not need to be completed to receive free or reduced price meal benefits.**Do you want to receive **Textbook Assistance**?

- ☐ Yes
☐ No

If yes, **sign to the right** →

I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. Parts 260 and 265.

Signature of adult completing the form

Today's date

School Use Only:

- ☐ Approved
☐ Denied
☐ Not Applicable

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under **Medicaid** or **Hoosier Healthwise**. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

Signature of adult completing the form

Today's date

**For information about Hoosier Healthwise health insurance,
call 1-800-889-9949.**

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

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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
(202) 690-7442; or
email: program.intake@usda.gov
This institution is an equal opportunity provider.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**INCOME CONVERSION to YEARLY:**

WEEKLY X 52

EVERY 2 WEEKS X 26

TWICE A MONTH X 24

MONTHLY X 12

ELIGIBILITY DETERMINATIONIncome Eligibility: Total Household Size: _____ Total Income:\$ _____ per: ☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Twice a Month ☐ YearlyOR Categorical Eligibility: ☐ Food Stamps/TANF ☐ Migrant ☐ Homeless ☐ Runaway ☐ FosterEligibility Determination: ☐ Approved Free ☐ Approved Reduced Price ☐ DeniedReason for Denial: ☐ Income Too High ☐ Incomplete Application ☐ Other _____Type of Eligibility Notification Provided (if denied, notification must be written): ☐ Verbal ☐ Written Date: _____

Signature of Determining Official: _____ Date: _____ Date Withdrawn: _____

VERIFICATIONConfirmation Review Official: _____ Application Direct Verified? Yes ☐ No ☐

Date Verification Notice Sent: _____

Date Response Due from Households: _____

Date Second Notice Sent (or N/A): _____

Approval Based On:

☐ Food Stamps / TANF Case Number☐ Household Size and Income☐ Other _____

Verification Results:

☐ No Change☐ Free to Reduced☐ Free to Paid☐ Reduced to Free☐ Reduced to Paid

Reason for Change:

☐ Income: _____☐ Household Size: _____☐ Change in Food Stamps /TANF☐ Did not respond☐ Other: _____

Date Notice of Change

Sent: _____

Date Change Made: _____

Request for Appeal

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____ Date: _____