

REGISTRATION REQUIREMENTS

Please complete the attached forms and return them to the appropriate school at the time of registration:

PROOF OF AGE:

Original birth certificate or passport.

MEDICAL:

Copy of immunization records. Please note that your child will not be able to attend school unless the Physical Examination/Immunization Form is completed and signed by your child's physician. The physical exam must be no more than one year old as of the first day of attendance. If your child's last physical exam does not meet these guidelines, please bring in proof of his/her immunization records and submit the updated physical before the first day of school. **Also note that there are additional immunization requirements if you are registering a student in the 6th grade or higher.**

PROOF OF RESIDENCE:

Homeowners – Deed or Property Tax Statement

Renters – Current, signed lease with full names of all persons living at the address.

Non-Leaseholders – (You rent but do not have a lease or you reside with a family member.) Please complete the attached Affidavit of Owner/Landlord. If you are renting from the owner please attach a copy of the owner's deed or property tax statement. If you are renting from a renter please attach a copy of the renter's current signed lease.

Unofficial copy of transcript and / or report card from previous school.

The Somerset Hills School District

Entrance Registration

Part 1: Student Information:

Student's Legal Name _____ Date of Birth: _____
(last, first, middle)

Residence Street, City, Zip _____ Gender: M F

Mailing address (if different) _____ Siblings in District (name & grade)
(street, city, state, zip) _____
1 _____

Ethnic Background (Required – Please check all that apply. See end of form for explanation.) 2 _____

____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander _____ Asian 3 _____

____ Black or African American _____ White or Caucasian _____ Hispanic or Latino

Country of Birth _____ State of Birth _____ City of Birth _____

What was the first language used by the student? _____

At home does the student hear or use a language other than English more than half the time? Y / N

Does the student understand a language other than English? Y / N

Please list any languages spoken by the student: English _____ Spanish _____ Other (please specify) _____

Would you like to receive alert messages from the school in Spanish? Y / N

Part 2: Parent Information:

Parent(s)/Guardian(s) with whom student resides:

Name _____ Relationship _____ Cell Phone _____

Name _____ Relationship _____ Cell Phone _____

Home Telephone _____ Other Telephone _____ (specify)

Mother email address _____ Father email address _____

*****If student does not reside with parent(s), proof of legal custody or guardianship papers must be attached*****

Information about non-resident parent (if applicable):

Name _____ Relationship _____

Mailing address _____ City, State, Zip _____

Home Phone _____ Cell or Business Phone _____ Addl mailing required Y N

Does child have Health Insurance?
Yes _____ If yes, name of insurance company _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name _____ Date _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).

Part 3: School information

Grade registrant is entering: _____ Last grade completed: _____

School name and address transferring from: _____

(city, state)

What date did your child first enter a U.S. School(mm/dd/yyyy)? _____

Is your child currently receiving, or has your child ever received special education services through the school? Y N

Does your child currently have an IEP (Individual Educational Program)? Y N

Has your child ever been excluded from school as a result of a weapons charge? Y N

Has the registrant ever attended school in the Somerset Hills School District? Y N If Yes, Grades attended _____

I certify that the information provided herein is true and accurate:

Signature of parent or legal guardian _____ Date _____

Explanation of ethnicity questions:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

American Indian or Alaska Native – A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White or Caucasian – A person having origins in the original peoples of Europe, the Middle East, or North Africa.

For Office Use Only

Type of Proof of Residency Submitted: _____ Type of DOB proof: _____

Starting date: _____ Student #: _____ Counselor: _____ Homeroom: _____

Copies made of original documents to be placed in file: _____ Date: _____

THE SOMERSET HILLS SCHOOL DISTRICT
Student Transportation Request Form
(for eligible students)*

Student: _____ Grade: _____

Home Address: _____

Mailing Address: _____

Home Telephone: _____

Cell Phone: _____

Nearest intersection to student's residence: _____

Parent/Guardian Name: _____

Siblings in district (list names, grades) _____

Will you be using before or after care program: _____ Before _____ After _____

Will your child be going to a childcare provider: _____

If yes, please provide child care provider name/address/telephone

Name: _____

Address: _____

Telephone: _____

Transportation requests for new students will take five (5) days for processing

***The Transportation Office will determine eligibility for state-mandated or subscription busing**

Office Use Only:

Bus Pass Issued _____ Bus Route # _____ Bus Stop # _____

Subscription _____ Payment received _____ Check # _____

Walker _____

Train Pass Issued (9-12 only) _____ Student ID# _____

SOMERSET HILLS SCHOOL DISTRICT
AFFIDAVIT OF OWNER/LANDLORD

Landlord Information	Tenant Information
<i>Name of Landlord:</i>	<i>Name of the Family:</i>
<i>Street Address:</i>	<i>Street Address:</i>
<i>City:</i>	<i>City:</i>
<i>Phone Number(s):</i>	<i>Phone Number(s):</i>
<i>Lease Information</i>	
<i>Please specify the terms of the lease:</i>	
Relation to Renter: ___ No Relation ___ Family Member(s)	
When did the tenant(s) move in? ___/___/___	
How long is the agreement effective? Until: ___/___/___	
What kind of rental agreement? _____	
<i>List the names of all persons living in the apartment/house:</i>	

I attest that, to the best of my knowledge, the information is true and correct and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me this
 _____ day of _____

Signature of Tenant

Date

Signature of Landlord

Date

Notary Public of New Jersey

Somerset Hills School District
Please send records to appropriate school listed below

RELEASE OF RECORDS

I hereby give my permission for:

_____ Name of school student is leaving

_____ Street Address

_____ Town State Zip Code

To send all records (HEALTH, STANDARDIZED TEST RESULTS, PAST & MOST RECENT REPORT CARDS, ANY DISCIPLINARY AND/OR SPECIAL SERVICES RECORDS) for the student(s) listed below who are in the process of registering.

- 1. _____ Grade _____
- 2. _____ Grade _____
- 3. _____ Grade _____
- 4. _____ Grade _____

Send complete records to the appropriate school listed below:

Bedwell Elementary K-4 141 Seney Drive Bernardsville, NJ 07924 Fax # 908-204-0481	Bernardsville Middle School 5-8 141 Seney Drive Bernardsville, NJ 07924 Fax# 908- 953-2874	Bernards HS 9-12 25 Olcott Avenue Bernardsville, NJ Fax# 908-766-8223
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_____ Date _____
Parent/Guardian Signature

*Return this form **ONLY** if you **DO NOT** want
your child to be photographed*

The Somerset Hills School District
25 Olcott Avenue
Bernardsville, NJ 07924

Date: _____

I **DO NOT** want The Somerset Hills School District, or anyone authorized by The Somerset Hills School District, to use and reproduce photographs/videos of my child participating in school events for use in the newspapers or Somerset Hills School District publications.

Student: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Parent or
Guardian: _____

(If this form is not returned, The Somerset Hills School District understands permission is granted for use of all photographs.)

Dear Parent/Guardian:

Children need healthy meals to learn. The **SOMERSET HILLS SCHOOL DIS** offers healthy meals every school day at the prices listed below. **Your children may qualify for free meals or for reduced price meals.**

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$2.95	\$3.05	\$3.20	\$0.40	\$0.40	\$0.40
School Breakfast	N/A	N/A	N/A	N/A	N/A	N/A
After School Snack	N/A	N/A	N/A	N/A	N/A	N/A
Special Milk Program	N/A	N/A	N/A	Not Applicable	Not Applicable	Not Applicable
Split Session Milk Program	N/A	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<i>N/A - Not Applicable</i>						

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. For a convenient way to fill out the meal application, go to www.shsd.org.

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **NJ SNAP** or **NJ TANF/WorkFirst-NJ** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART For school Year 2019-2020			
Household Size	Yearly	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For each additional person, add:	+8,177	+682	+158

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail your school, homeless liaison or migrant coordinator.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to one of your children's schools.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your school immediately.
5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to:

Hearing Officer Name: Sarah Latzke Address: 25 Olcott Ave
Phone Number: (908)630-3010 Ext:

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
16. MY FAMILY NEEDS HELP. ARE THERE ANY PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to <https://oneapp.dhs.state.nj.us/default.aspx>. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to www.nj.gov/health/fhs/wic.

If you have other questions or need help,
call (908)204-1930 Ext:1118

Sincerely,

Signature: _____

Name: Heather Goguen

Title: Business Administrator

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the district. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact your school.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending the school system, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student in this school district? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend the school district here. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children Homeless, Migrant Worker, or Runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant Worker, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or NJ SNAP.
- Temporary Assistance for Needy Families (TANF) or NJ TANF/WorkFirst NJ.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your local county welfare agency: <http://www.nj.gov/humanservices/dfd/programs/njsnap/cwa/index.html>
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed form: to your school district.

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's 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 person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- 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 (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's 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 benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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 Black or African American Native Hawaiian or Other Pacific Islander White

Race (check one or more): American Indian or Alaskan Native Asian

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 **civil rights complaints only** to: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov.
This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?				Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility:				
	Weekly	Bi-Weekly	2x Month	Monthly				Annual	Free	Reduced	Denied
Determining Official's Signature	<input type="text"/>	Date	<input type="text"/>	Confirming Official's Signature	<input type="text"/>	Date	<input type="text"/>	Verifying Official's Signature	<input type="text"/>	Date	<input type="text"/>

**SHARING INFORMATION WITH MEDICAID or
NJ FAMILYCARE**

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, **ONLY** if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.