



Starting this 2023-2024 school year, Woodland Park School District (WPSD) is excited to announce the participation in the Healthy School Meals for All program for Breakfast and Lunch. All students enrolled at Columbine Elementary, Gateway Elementary, Summit Elementary, Merit Academy, Woodland Park Middle School, and Woodland Park High School may participate in the Breakfast and Lunch at no cost!

Studies have shown that students who are not hungry perform better in school. By providing Breakfast and Lunch to all students at no cost, we are hoping to create a better learning environment for our students.

As in previous years, it's important for households to still provide their household income information when requested via an application. While meals will be provided at no cost to all students in participating schools, it's important for WPSD to continue gathering this information in order to receive full access to state and federal funding. Additional funds will go directly to schools to help cover the cost of meals, support after-school activities and other nutritional programs for students. Plus, households who qualify may receive discounted school fees, class materials, bus passes, utilities support and more.

This packet contains more information and the related application to provide your household income information. Please note that, while the following pages may reference eligibility for free or reduced-price school meals, Breakfast and Lunch will be provided free to all students in the 23-24 school year regardless of your household income.

The school meals that WPSD serves follows U.S. Department of Agriculture guidelines for healthy school meals.

For information on where to find an application and how to apply, please read the attached letter. To learn more about the Healthy School Meals for All program visit [www.cde.state.co.us/nutrition/healthy-school-meals-for-all-program](http://www.cde.state.co.us/nutrition/healthy-school-meals-for-all-program).



## Information about Applying for Free or Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Woodland Park School District offers healthy meals every school day. There will be no cost for the 1<sup>st</sup> breakfast and lunch. Students who opt for 2<sup>nd</sup> breakfast or lunch will be charged as follows: Breakfast is \$2.10 for elementary, and \$2.25 for middle/high school. Lunch is \$3.70 for elementary, and \$4.05 for middle/high school. Your children may qualify for free or reduced-price school meals. Students in all grades that qualify for free or reduced-price meals will receive breakfast and lunch at no charge.

This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. You can also find applications at any of the school's offices, district office, online to print out at [www.wpsdk12.org](http://www.wpsdk12.org), or you can apply online by logging in to your Infinite Campus parent portal and choosing "More".

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

1. WHO CAN RECEIVE FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR), Medicaid or Temporary Assistance for Needy Family (TANF/Colorado Works – Basic Cash Assistance or State Diversion), 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. Foster children may be added as a household member of the foster family if the foster family chooses to apply. Including foster children as household members may help other children qualify for benefits. If the foster family is not eligible, it does not prevent a foster child from receiving benefits.
- Children who qualify for their district'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 of 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 ELIGIBILITY INCOME CHART For School Year 2023 – 2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
Each additional person:	\$9,509	\$793	\$183

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 any of these descriptions and have not already been notified that your children will receive free meals, please call or e-mail Kim Moore at (719) 686-2000, [kmoore@wpsdk12.org](mailto:kmoore@wpsdk12.org)



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: Patty Harrison, PO Box 99, Woodland Park, CO 80866, [pharrison@wpsdk12.org](mailto:pharrison@wpsdk12.org)
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 received carefully and follow the instructions. If any children in your household are missing from your eligibility notification, contact Patty Harrison, PO Box 99, Woodland Park, CO 80866, [pharrison@wpsdk12.org](mailto:pharrison@wpsdk12.org) immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit your Infinite Campus parent portal (where you registered your child), under "More", then "Meal Benefits", to begin or to learn more about the online application process. Contact Patty Harrison, PO Box 99, Woodland Park, CO 80866, [pharrison@wpsdk12.org](mailto:pharrison@wpsdk12.org) 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 valid for that school year and for the first 30 days of this school year. You must send in a new application unless the school notified you that your child is eligible for the new school year.
7. I RECEIVE WIC. CAN MY CHILDREN RECEIVE FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in a completed free and reduced-price school meal application to determine free or reduced-price eligibility.
8. WILL THE INFORMATION I GIVE BE CHECKED? You may be selected to provide written proof of the household income you report on the application.
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: Amy Ryan, PO Box 99, Woodland Park, CO 80866, (719) 686-2000, [aryan@wpsdk12.org](mailto:aryan@wpsdk12.org)
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. Immigration, migrant, citizenship or refugee status is not required to be provided during the application process, and families should continue to apply for free or reduced-price school meals. The application does require the last four numbers of a Social Security number or an indication that there is no Social Security number. Social Security number information is not reported to any organization outside of Woodland Park School District
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. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
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. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
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. Contact Patty Harrison, PO Box 99, Woodland Park, CO 80866, [pharrison@wpsdk12.org](mailto:pharrison@wpsdk12.org) to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for other assistance benefits, contact your local assistance office. Colorado PEAK is an online service to screen and apply for medical, food and cash assistance programs. It can be accessed at <http://coloradopeak.force.com/>.

If you have other questions or need help, contact Patty Harrison, PO Box 99, Woodland Park, CO 80866, [pharrison@wpsdk12.org](mailto:pharrison@wpsdk12.org)

Sincerely,

*Patty Harrison*

**Non-discrimination Statement:**

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.



## Free and Reduced-Price School Meal Application and Family Economic Data Survey Instructions

If you, or someone in your household receives SNAP (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDIPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

**STEP 1:** List all students first and last names. Optional: Provide date of birth and grade.

**STEP 2:** List a case number if you or someone in your household participates in SNAP, TANF or FDIPIR

**STEP 3:** Skip.

**STEP 4:** Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

**STEP 1:** List all students first and last names. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip.

**STEP 3:** Skip.

**STEP 4:** Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying based of income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

**STEP 1:** List all students first and last names. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip this part.

**STEP 3:**

A. **Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students' listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to "Sources of Income for Students at the bottom of this page.

B. **All Other Household Members (including yourself):** Print the name of each household member in the boxes marked "Names of Other Household Members." 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. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**Report Gross Income (total income before taxes and deductions) for each Household Member:**

○ **Earnings from work:** example: See "Earnings from Work" below. If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income.

○ **Income from Public Assistance/Child Support/Alimony:** See "Public Assistance/Child Support/Alimony" below. List the total amount each person received from **any public assistance programs (do not include income from SNAP, TANF or FDIPIR), child support or alimony.** For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.

○ **Pensions/Retirement/All Other Income:** See "Pensions/Retirement/All Other Income" below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

**Report total household members. The total must equal all names listed on the application.**

**Provide the last four of the Social Security Number (SSN), or "Check if no SSN". The SSN is not required for CEP schools.**

**STEP 4:** Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the application.

### Sources of Income to Report:

#### Sources of Income for Students:

Earnings from work  
Social Security – Disability or  
Survivor's payments  
Any other type of regularly received  
income

#### Earnings from Work:

Wages/salaries/tips  
Strike benefits  
Unemployment Compensation  
Worker's Compensation  
Net income from self-owned business  
or farm

#### Pensions/Retirement/All Other Income:

Pensions  
Supplemental Security Income  
Retirement income  
Veteran's benefits  
Social Security  
Disability benefits  
Cash regularly withdrawn from savings  
Interest/Dividends  
Income from Estates/Trusts/Investments  
Regular contributions from people not living in the  
household  
Net royalties/annuities/rental income  
Any other regularly received income

#### Public Assistance/Child

#### Support/Alimony:

Public assistance payments  
Welfare payments  
Alimony payments  
Child support payments



Apply online at  
[www.wpsdk12.org](http://www.wpsdk12.org)

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information.

[illegible]

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number	TANF Case Number	FDPIR Case Number

Please include the **TOTAL** income, if any, received by all students listed above.

Student Income	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

income. For each household member listed, if they do not receive income from any source, write "0".

How Often?									
Weekly	Bi-Weekly	2x Month	Monthly	Annually					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$

How Often?					Pensions/Retirement/ All Other Income					How Often?				
Weekly	Bi-Weekly	2x Month	Monthly	Annually						Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Last four digits of Social Security Number (SSN) or mark “no**

XXX-XX-			
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*"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."*

Apt. # or Lot #		City	CO	Zip Code	Email Address

## Printed First and Last Name of Signer

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. Please check the box to opt out:

☐

To save you time and effort, the information you gave on this form may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Completing this section of the form will not change whether your children get free or reduced-price meals. ***Your information WILL NOT be shared unless you check one of the boxes below:***

Please share my information with the following programs I have checked:

<input type="checkbox"/> Advanced Placement (AP) Exam and/or (AP) Book Fees	<input type="checkbox"/> Accelerate College Opportunity Exam and/or Book Fees	<input type="checkbox"/> s/Summ
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## 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 **855-855-4626**  
 TODAY! STATEWIDE TOLL-FREE  
 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 **855-855-4626**  
 HOY! LINEA ESTADAL TOLL-FREE  
 METRO DENVER 720-382-2920



**HUNGER FREE COLORADO**



**Colorado PEAK** is an online service for Coloradans to screen and apply for medical, food and cash assistance programs. Visit [coloradopeak.force.com](http://coloradopeak.force.com) to learn more.

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 want to help your child.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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



## Add Additional Children to Directly Certified Household 2023-2024

Dear Parent/Guardian:

If you have students in your household that attend Woodland Park School District and are eligible for free school meals based on her/his participation in Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF/CO Works – State Diversion or Basic Cash Assistance) benefits, all other children in the household are also eligible for free school meals.

Name of student(s) already directly certified based on eligibility for SNAP and/or TANF benefits, whose name(s) appeared on the Direct Certification Eligibility Letter:

\_\_\_\_\_

Student's Name: \_\_\_\_\_

School/ID#: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School/ID#: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School/ID#: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School/ID#: \_\_\_\_\_

*I certify (promise) that all information provided is true and correct. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information my children may lose meal benefits, and I may be prosecuted under State and Federal statutes.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mailing Address/P.O. Box: \_\_\_\_\_

Phone #: \_\_\_\_\_

Return this completed and signed form to:

Woodland Park School District  
Attn: Patty Harrison  
PO Box 99  
Woodland Park, CO 80866

For more information you may call Patty Harrison at (719) 686-2000, or e-mail at [pharrison@wpsdk12.org](mailto:pharrison@wpsdk12.org)

**Use of Information Statement:** 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.

**USDA Nondiscrimination Statement:** 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, audiotope, 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.

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mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

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fax:  
(833) 256-1665 or (202) 690-7442; or

email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



Sharing Free and Reduced-Price School Meal  
Information with Other Programs  
School Year 2023-2024

Dear Parent/Guardian:

If you received notification that your student(s) qualified for free or reduced price school meals, this information may be shared with the school/district for the purpose of waiving certain school/district program fees that you 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.

Return this completed and signed form to: Patty Harrison, PO Box 99, Woodland Park, CO 80866

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- ☐ Yes! I **DO** want school officials to share my information with Class/Test/Summer School Fees
- ☐ Yes! I **DO** want school officials to share my information with Athletic/Activities Fees
- ☐ Yes! I **DO** want school officials to share my information with Advanced Placement (AP) Exam and/or (AP) Book Fees
- ☐ Yes! I **DO** want school officials to share my information for Accelerated College Opportunity Exam and/or Book Fees

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- ☐ **DO NOT** share my information with any programs.
- ☐ **DO NOT** share my information with Medicaid/SCHIP offices.

If you marked any or all of the boxes above, complete the section below to ensure that your information is shared for the child(ren) in your household. Your information will be shared with only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

For more information, you may contact Patty Harrison at (719) 686-2000, [pharrison@wpsdk12.org](mailto:pharrison@wpsdk12.org)



**Non-discrimination Statement:** 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.