

August 2021

High School

Breakfast

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
		<ul style="list-style-type: none"> French Toast Sticks Fresh Apple Slices 1% Milk 	<ul style="list-style-type: none"> Dutch Waffle Banana 1% Milk 	<ul style="list-style-type: none"> Tony's Sausage Breakfast Pizza Fresh Citrus Orange 1% Milk
30	31			
<ul style="list-style-type: none"> Donut Ring Applesauce 1% Milk 	<ul style="list-style-type: none"> Mini Chocolate Chip French Toast Diced Pears 1% Milk 	<i>Vegetable Bar Options:</i>	<i>Fruit Bar Options:</i>	Milk: <ul style="list-style-type: none"> 1% Low Fat Milk

Condiments:

Lunch Prices

Menu Subject to Change

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
		<ul style="list-style-type: none"> • Chicken Nuggets W/fresh Sliced Bread • Baked Beans • Applesauce 	<ul style="list-style-type: none"> • Grilled Hot Dog On A Bun • Steamed Peas W/ Margarine • Diced Pears 	<ul style="list-style-type: none"> • Creamy Macaroni And Cheese • Stewed Tomatoes • Diced Peaches
30	31			
<ul style="list-style-type: none"> • General Tso Chicken Bowl • Steamed Green Beans W/ Margarine • Applesauce 	<ul style="list-style-type: none"> • Beef Cheese Tacos • Steamed Corn • Diced Pears 	<i>Vegetable Bar Options:</i>	<i>Fruit Bar Options:</i>	Milk: <ul style="list-style-type: none"> • 1% Low Fat Milk

Condiments:

Lunch Prices

Menu Subject to Change

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Vegetable Bar Options:

Fruit Bar Options:

1

- Cinnamon Roll
- Citrusy Mandarin Oranges
- 1% Milk

2

- Strawberry Cream Cheese Mini Bagels
- Banana
- 1% Milk

3

- Tony's Sausage Breakfast Pizza
- Fresh Citrus Orange
- 1% Milk

6

Labor Day - No School

7

- Guava Strawberry Flip
- Diced Pears
- 1% Milk

8

- Confetti Pancakes
- Citrusy Mandarin Oranges
- 1% Milk

9

- Dutch Waffle
- Banana
- 1% Milk

10

- Tony's Sausage Breakfast Pizza
- Fresh Citrus Orange
- 1% Milk

13

- Soft Filled Cocoa Puffs Bar
- Applesauce
- 1% Milk

14

- French Toast Sticks
- Diced Pears
- 1% Milk

15

- Apple Roll
- Citrusy Mandarin Oranges
- 1% Milk

16

- Assorted Mini Loaf W/jungle Crackers
- Banana
- 1% Milk

17

- Tony's Sausage Breakfast Pizza
- Fresh Citrus Orange
- 1% Milk

20

- Mini Maple Pancakes
- Applesauce
- 1% Milk

21

- Confetti Pancakes
- Diced Pears
- 1% Milk

22

- Cinnamon Roll
- Citrusy Mandarin Oranges
- 1% Milk

23

- Dutch Waffle
- Banana
- 1% Milk

24

- Tony's Sausage Breakfast Pizza
- Fresh Citrus Orange
- 1% Milk

27

- Assorted Mini Loaf W/jungle Crackers
- Applesauce
- 1% Milk

28

- Confetti Pancakes
- Diced Pears
- 1% Milk

29

- French Toast Sticks
- Citrusy Mandarin Oranges
- 1% Milk

30

- Dutch Waffle
- Banana
- 1% Milk

Milk:

- 1% Low Fat Milk

Condiments:

Lunch Prices

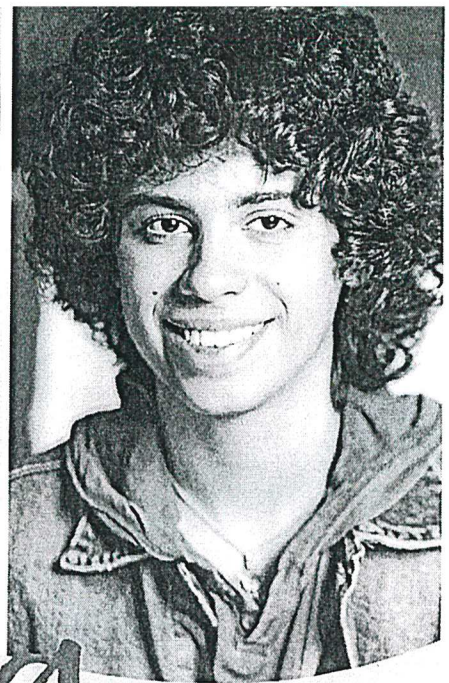
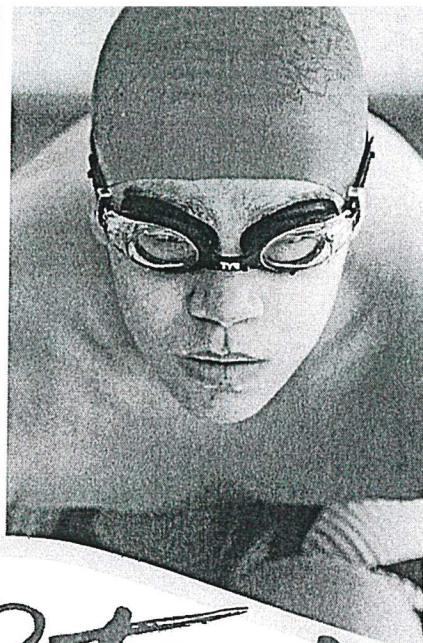
Menu Subject to Change

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1	2	3
<i>Vegetable Bar Options:</i>	<i>Fruit Bar Options:</i>	<ul style="list-style-type: none"> Sizzling Italian Panini Steamed Broccoli W/ Margarine Citrusy Mandarin Oranges 	<ul style="list-style-type: none"> Corn Dog Nuggets Steamed Carrots W/ Margarine Diced Peaches 	<ul style="list-style-type: none"> Spaghetti With Meat Sauce Blended Mixed Veggies Tropical Pineapple Tidbits
6	7	8	9	10
Labor Day - No School	<ul style="list-style-type: none"> French Bread Pizza Steamed Carrots W/ Margarine Diced Pears 	<ul style="list-style-type: none"> Grilled Cheese W/ Tomato Soup Steamed Corn Citrusy Mandarin Oranges 	<ul style="list-style-type: none"> Cheesy Meatball Hoagie Steamed Broccoli W/ Margarine Mixed Fruit 	<ul style="list-style-type: none"> Pepperoni and Cheese Stromboli Baked Beans Diced Peaches
13	14	15	16	17
<ul style="list-style-type: none"> Walking Beef Taco With Nacho Doritos Steamed Corn Applesauce 	<ul style="list-style-type: none"> Sweet and Sour Chicken with Rice Blended Mixed Veggies Diced Pears 	<ul style="list-style-type: none"> Popcorn Chicken Bowl Steamed Corn Citrusy Mandarin Oranges 	<ul style="list-style-type: none"> Ham And Cheese On A Pretzel Bun Steamed Carrots W/ Margarine Pineapple Tidbit Cup 	<ul style="list-style-type: none"> Bacon Cheeseburger On A Bun Baked Beans Mixed Fruit
20	21	22	23	24
<ul style="list-style-type: none"> Cheesesteak Hoagie Steamed Broccoli W/ Margarine Applesauce 	<ul style="list-style-type: none"> Chicken And Gravy Over A Biscuit Creamy Mashed Potatoes Diced Pears 	<ul style="list-style-type: none"> Bite Sized Popcorn Chicken w/Fresh Sliced Bread Steamed Green Beans W/ Margarine Citrusy Mandarin Oranges 	<ul style="list-style-type: none"> Sloppy Joe On A Bun Baked Beans Tropical Pineapple Tidbits 	<ul style="list-style-type: none"> Creamy Scrambled Eggs With Sausage And Toast Baked Tater Tots Diced Peaches
27	28	29	30	
<ul style="list-style-type: none"> Crunchy Fish Sticks w/ Fresh Sliced Bread Steamed Corn Applesauce 	<ul style="list-style-type: none"> Chili Cheese Hot Dog Baked Beans Diced Pears 	<ul style="list-style-type: none"> Chicken Nuggets W/fresh Sliced Bread Blended Mixed Veggies Citrusy Mandarin Oranges 	<ul style="list-style-type: none"> Macaroni And Cheese Stewed Tomatoes Diced Peaches 	<p><i>Milk:</i></p> <ul style="list-style-type: none"> 1% Low Fat Milk

Condiments:

Lunch Prices

Menu Subject to Change



chip Strong

High-quality health care coverage from CHIP helps keep kids strong

CHIP COVERS

- Routine check-ups
- Prescriptions
- Hospitalization
- Dental
- Eye Care
- Eyeglasses
- Behavioral care
- Specialty care
- More

CHIP covers uninsured kids up to age 19 in Pennsylvania. It doesn't matter why your kids don't have health coverage right now; CHIP may be able to help. Most kids receive CHIP for free. Others can get the same benefits at a low cost.

CHIP is brought to you by leading health insurance companies who offer quality, comprehensive coverage.

There is no limit on income. If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

APPLY/RENEW

CHIPcoversPAkids.com • 800-986-KIDS



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

EARLY DISMISSAL EXCUSED UNEXCUSED
 RETURN APPOINTMENT CARD

NAME _____ STUDENT NUMBER _____
 GRADE _____ HR _____ DATE _____
 REASON _____

PHONE NUMBER (WHERE PARENT/GUARDIAN MAY BE REACHED FOR VERIFICATION) _____

DEPARTURE TIME _____ a.m. _____ p.m.

HR _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
 _____ PARENT _____ PRINCIPAL

BRING PINK COPY TO THE OFFICE BEFORE YOU LEAVE.
 PICK UP THE CANARY COPY OF THIS FORM WHEN YOU RETURN TO SCHOOL AFTER YOUR ABSENCE.

WHITE - Early Dismissal Office CANARY - Office PINK - Student

EXCUSE FOR ABSENCE OR TARDINESS

"Regular Attendance is Essential to Success"
 _____ was tardy absent
 from School on the following dates: _____

The State Law requires an explanation from the parent in each case of absence or tardiness. Kindly state the reason below.
 The reason for absence was _____

Date _____ Signature of Parent or Guardian _____
 GR HR Age Voc Dist
DO NOT WRITE BELOW THIS LINE

CLASSIFICATION

EXCUSED A B C R W T V
 UNEXCUSED UNLAWFUL TEMPORARY
 TARDY NO. OF MINUTES _____

PRINCIPAL _____
 ALL EXCUSES MUST BE SUBMITTED ON THIS FORM
 This excuse must be kept on file for inspection of School Officials
 in case of questionable absence claimed by illness the local school board may require an examination by the family doctor to approve such absence as legal.

HAHS Attendance

Please email excuse to:

Secretary, Deb Stitt:

dstitt@huntsd.org

Assistant Principal, Kristen Streightiff:

kcstreightiff@huntsd.org

Fax number: 814-643-3800

Phone number: 814-643-1080

HASD Attendance

- 3 days to turn in an excuse
- After 10 days of absence a medical excuse needs to be provided
- 7 unexcused absences could result in filing with the District Magistrate
- Access **Skyward** for up to date information about attendance

HASD EMERGENCY INFORMATION RECORD

2021-2022 School Year

Please PRINT information / Please notify school office if any information changes

Learner's Name _____ Birthdate _____ Grade _____
First / Middle / Last MM/DD/YY

Assigned Bus number: A.M.: _____ PM: _____ other: _____

Learner's Date of Birth _____ Homeroom Teacher: _____

Learner lives with: Both parents Mother Father Other/Name _____

Learner's Address _____ Home Phone _____

Mailing address (if different) _____

Mother's Name _____ Cell Phone _____

Spouse's Name _____ Cell Phone _____

Address _____ Phone _____

Mother's Place of Employment _____ Phone _____

Mother's e-mail address _____

Father's Name _____ Cell Phone _____

Spouse's Name _____ Cell Phone _____

Address _____ Phone _____

Father's Place of Employment _____ Phone _____

Father's e-mail address _____

List alternate adults who can transport with phone numbers in the order in which to call in the event of an emergency, etc.:

Name	Home Phone	Cell/Work Phone	Relationship to child
1 st _____	_____	_____	_____
2 nd _____	_____	_____	_____
3 rd _____	_____	_____	_____

List other siblings in the district name / grade:

Sibling's name:	grade:	Sibling's name:	grade:
_____	_____	_____	_____

(OVER)

NOTE: PLEASE COMPLETE ALL INFORMATION

Sibling's name:	grade:	Sibling's name:	grade:

Learner's Name _____ Birthdate _____ Grade _____
First / Middle / Last MM/DD/YY

Name of family Physician: _____ Phone _____

Name of family Dentist: _____ Phone _____

Medications taken by the student:

Name of medication _____ Dose _____
 _____ Dose _____

Does your child need to take any medications at school? Yes No **if yes, Doctor Form is required*

Name of medication(s): _____

If emergency treatment is required, may the school authorities use their own judgment in calling an ambulance and/or sending your child to the hospital or doctor most easily accessible? Yes No

If no, please explain: _____

List any allergies to drugs, foods, insect bites or bee stings, or any other health conditions: (Diabetes, vision or hearing difficulties, epilepsy, asthma, heart or kidney problems, etc.)

Special Health Concerns the school should be aware of:

Has your child had any serious illness, accidents, broken bones, or operations in the past year?
 Yes No If yes, please list _____

The following list of non-prescription medicines and first aid materials may be given to your child for minor complaints and/or ailments while in school. The administration of these items is intended for FIRST AID ONLY and is not indiscriminately dispensed. It will be the nurse's decision in coordination with you as the parent whether or not your child receives Tylenol or Benadryl. Otherwise, your child will be treated with the standing orders provided by the school district. This form will be part of your child's School Health Record and will be sent out annually in August for approval. As a parent/guardian of the child, I release Huntingdon Area School District and its employees or agents from any liability for any injuries my child may suffer as a result of this request. Please check items the school nurse or designated school official has permission to dispense to your child.

- | | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Analgesic (age/weight appropriate dose - Chewable Available) | <input type="checkbox"/> Lip Balm (dry, chapped lips) |
| <input type="checkbox"/> Antacid (heartburn, upset stomach, indigestion) | <input type="checkbox"/> Sting-Kill Swab (to be used for bee stings/insect bites) |
| <input type="checkbox"/> Allergy Lotion (apply locally for poison ivy, hives, rash) | <input type="checkbox"/> Wound Cleanser (minor cuts/abrasions) |
| <input type="checkbox"/> Cough Drops (for coughs, sore throats, and stuffy noses) | <input type="checkbox"/> Antibiotic Ointment (minor cuts/abrasions) |

Signature of Parent or Guardian _____ Date: _____

***For your child's safety, please notify the school if any of this information changes during the school year.**

HUNTINGDON AREA SCHOOL DISTRICT
2400 Cassady Avenue Huntingdon, PA 16652
814-643-4140

*Transportation Safety
Disability/Medical Questionnaire*

Dear Parents/Guardians:

In order to better provide for the safety of your child while being transported to and from school, the Huntingdon Area School District asks you to fill out the bottom portion of this form and return it within two (2) school days. The form asks particulars about your child's disability/medical conditions and will be shared with your child's bus/van driver.

Should you have any questions about the form, please contact your child's building principal.

Student's Name: _____

Ability to Communicate:

_____ verbal _____ partially verbal _____ non-verbal

Medical Condition(s):

_____ asthma _____ allergies (specify below)
_____ seizures (specify below) _____ heart condition
_____ cerebral palsy _____ spina bifida
_____ autism _____ none known
_____ other (specify below)

Medication(s) taken for the above specified condition(s):

Parent/Guardian Signature: _____

Dear Parent/Guardian,

Huntingdon Area School District is operating under the SSO Program for the 2021-2022 School Year, which is making sure every child gets one free breakfast and one free lunch. However, we are encouraging you to complete the Free and Reduced Lunch Applications for this School Year.

There are many benefits for your child and the District by completing this application. The applications need completed to:

1. Help the District get federal funding.
2. Help families possibly receive discounts for I-pad Insurance, Pay to Participate and fee waiver for SAT testing along with possible help when applying for college.
3. Help to make sure your child's status will continue 30 days into the 22-23 School Year.
4. Help families who are eligible to receive the P-EBT benefits. If application is not completed, the district doesn't have the family identified as free or reduced and the families could miss receiving these funds.

Please be aware that applying for free or reduced price meals will not impact meals that your child(ren) currently receives through the School.

If you have any questions or need any help, please call 814-643-2900, ext 2192 or email jriley@huntsd.org.

Thank you.

Stephanie O'Donnell
Food Service Director

HUNTINGDON AREA SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. Huntingdon Area School District offers healthy meals every school day. Breakfast costs \$1.30; lunch costs \$2.85 at the Elementary Schools and \$2.90 at the Middle School and High School. Your child(ren) may qualify for free meals or for reduced-price meals. Reduced-price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free and reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help with the application process.

If you have received a NOTICE OF DIRECT CERTIFICATION letter for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the NOTICE OF DIRECT CERTIFICATION letter received.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS OR SPECIAL MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who 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.

Income Eligibility Reduced-Price Guidelines—July 1, 2021–June 30, 2022					
Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,593	782
4	49,025	4,086	2,043	1,885	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member add:					
	8,399	700	350	324	162

*****NOTE: YOU MUST FILL OUT A NEW APPLICATION FOR THE 2021-22 SCHOOL YEAR BY OCTOBER 6, 2021, IN ORDER TO CONTINUE TO RECEIVE BENEFITS. BEGINNING OCTOBER 7, 2021, STUDENTS WITHOUT A NEW APPLICATION ON FILE WILL BE CHARGED THE FULL PRICE FOR BREAKFAST AND LUNCH MEALS. *****

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 have not been told your children will get free meals, call or email the Homeless Liaison Chris Evans at 814-643-4140 or chevans@huntsd.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. An application that is not complete cannot be approved, so be sure to fill out all required information. Return the completed application to: your school or the Food Service Office at Huntingdon Area Middle School, 2500 Cassady Avenue, Huntingdon, PA 16652.
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 read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact Ellen Riley, at 643-2900, ext. 2192 or email jriley@huntsd.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 huntsd.org or the PA Department of Human Services website at www.compass.state.pa.us.
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 30 operating school 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. 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/or 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: Superintendent, 2400 Cassady Avenue, Suite 2, Huntingdon, PA 16652 or 814-643-4140.
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 \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 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, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. 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. Contact Ellen Riley at 643-2900, ext. 2192 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 SNAP or other assistance benefits, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call 814-643-2900, ext. 2192.

Sincerely,

Matthew Gibson, Business Manager

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, <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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:

(1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.
 ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS or SPECIAL MILK PROGRAM

Use these instructions to help fill out the application for free or reduced-price school meals. Submit only one application per household, even if your children attend more than one school in Huntingdon Area School District. The application must be filled out completely to certify your children for free or reduced-price school meals. Follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, contact Food Service Office at 643-2900, ext. 2192 or Ellen J. Riley at jriley@huntsd.org.

USE A PEN (NOT 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, 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 Huntingdon Area School District, regardless of age.

<p>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.</p>	<p>B) Is the child a student at Huntingdon Area School District? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Huntingdon Area School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the left.</p>	<p>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. <u>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.</u></p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

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).
- The Temporary Assistance for Needy Families (TANF).

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-877-395-8930 or your local assistance office. • Go to STEP 4.
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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.
 - o Gross income is the total income received before taxes.
 - o 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 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, 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:
 - o People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - o 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.

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.

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.

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, 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. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Write today's date. In the space provided, write today's date in the box.

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.

2021-2022 Pennsylvania Household Application for Free & Reduced-Price School Meals and Special Milk Program (Complete one application per household. Use a pen.)

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

Child's First Name	Child's Last Name	MI	Grade Enter HS for Head Start	Student? Yes No	Homeless, Migrant, Runaway	Foster Child	Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP 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) Write only one nine (9) digit case number in this space.

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

A. Child Income
Sometimes children in the household earn or receive income. Include the TOTAL income received by all Household Members listed in STEP 1 here.

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 taxes) for each source in whole dollars (no cents) only.
If no income is received 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			Public Assistance/Child Support/Welfare			Pensions/Retirement/All Other Income			How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$					\$							
	\$					\$							
	\$					\$							
	\$					\$							
	\$					\$							

Total Household Members (Children and Adults) _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member _____ Check if no SSN

STEP 4 Contact Information and Adult Signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

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.

Street Address (if available) _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Signature of Adult _____ Today's Date _____

Are you unsure what income to include here? Flip the page and review the chart titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

INSTRUCTIONS Sources of Income

Sources of Income for Children

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
- Income from person outside the household
 - 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
 - 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
<ul style="list-style-type: none"> - Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) - Reporting Annual Income is allowable for seasonal or self-employment - If you are in the U.S. Military: <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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
 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.

* All Household Applications must be returned to your child's school for processing.

Do not fill out For School Use Only

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Monthly Yearly Household Size: _____

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

Eligibility: Free Reduced Denied Reason: _____ Categorically Eligible Other Source Categorically Eligible

Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____

Signature of School Employee Completing Verification: _____ Date: _____

Determining Official's Signature: _____ Date: _____

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application 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. Sending in this form will not change whether your children get free or reduced price meals.

- HIGH SCHOOL ONLY** - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with: applicable institutions for a possible tuition fee waiver for a Dual Enrollment Course there.

- HIGH SCHOOL ONLY** - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with: PSAT/SAT/ACT Officials for a possible fee waiver for those standardized tests.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with: Elementary Backpack Program Committee Members for possible consideration in participation in the School Backpack Program.

If you checked "Yes" to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared 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: _____

Address: _____

For more information, you may call Ellen J. Riley at (814) 643-2900 ext 2192 or email at jriley@huntsd.org

Return this form to: Your School OR Food Service Office, 2500 Cassady Avenue, Huntingdon, PA 16652.

This institution is an equal opportunity employer and provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

2021-2022 SY