

**Montessori Peaks Academy**  
**LETTER TO PARENTS**  
**2018-19**

Dear Parent/Guardian:

Children need healthy meals to learn. **Montessori Peaks Academy** offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals.

\*If the school offers breakfast, then students in all grades who qualify for reduced price meals will receive breakfast at no charge. Students in preschool through 8<sup>th</sup> grade who qualify for reduced meals will also receive lunch at no charge.\*

Complete **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: Montessori Peaks Academy or CharterChoice Collaborative (SFA) 2696 S. Colorado Blvd., Suite 581 Denver, CO 80222**  
**You can also complete the application online at: <https://charterchoice.strataapps.com/>.**

<b>FEDERAL ELIGIBILITY INCOME CHART</b>			
<b>For School Year</b>			
<b>2018 – 2019</b>			
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
Each additional person:	\$7,992	\$666	\$154

*Here are answers to questions you may have about applying:*

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

- a. All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Needy Family (TANF/Colorado Works – Basic Cash Assistance or State Diversion), are eligible for free meals.
- b. 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.
- c. Children who qualify for their districts Head Start program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines chart above.

**If you have received a NOTICE OF DIRECT CERTIFICATION for free meals from CharterChoice Collaborative for the 2018-19 school year, you do not need to complete this application. However, you will need to call the school and/or CharterChoice Collaborative if any students going to this school in your household are not listed on the NOTICE OF DIRECT CERTIFICATION letter you received in order to ensure they are also qualified for free 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 already been notified that your children will receive free meals, please call **Rebecca Dunn at 303-982-5044 your homeless liaison or migrant coordinator.**
3. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please carefully read the letter you received to make sure it is from CharterChoice Collaborative (SFA) for this school year. If so, you do not need to complete an application. Montessori Peaks Academy's meal program is not affiliated with the local school district. Eligibility with the school district does not apply. Call your child's school or CharterChoice Collaborative (303-953-4170) if you have questions.
4. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD IF THEY ARE ATTENDING THE SAME SCHOOL?** No. Use one Free and Reduced Price School Meals Application. We cannot approve an application that is not complete, so be sure to fill out all required information.
5. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. If your student was approved via CharterChoice last year at the same school he/she is attending this year he/she will have 30 days carryover into this school year, 2018-19. However, new students to this school and/or siblings joining this school do not apply to this and will need to fill out a new application. When the carry-over period ends, unless the household submits an application for the 2018-19 school year that is approved and has been notified by CharterChoice of student(s) eligibility, the children will be expected to pay full price for school meals. The school will not send a reminder notice or a notice of expired eligibility.
6. **CAN I APPLY ONLINE?** Yes, you can apply online. Visit <https://charterchoice.strataapps.com> to access the instructions to apply and the online application. Contact CharterChoice if you have any questions or issues – 303-953-4170.

7. **I RECEIVE BENEFITS FROM THE WIC PROGRAM. CAN MY CHILD(REN) RECEIVE FREE MEALS?** Children in households participating in WIC are not automatically qualified. Please fill out an application.
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 AGAIN LATER?** Yes. You may apply at any time during the school year if your household size increases, income decreases, or if you start receiving SNAP or FDPIR. If you lose your job, your children may be able to receive free 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 CharterChoice Collaborative (SFA) – 303-953-4170. You also may ask for a hearing by calling or writing to: **Brad Fischer, 2696 S. Colorado Blvd., Suite 581, Denver, CO 80222, 303-953-4170.**
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 CharterChoice Collaborative (SFA).
12. **WHOM SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people whom you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally receive \$1000 each month, but you missed some work last month and only received \$900, put down that you receive \$1000 per month. If you normally receive overtime pay, include it, but do not include it if you work overtime only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. **WHAT IS 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.
15. **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.
16. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a second application and attach it to your original application. Contact the school office if you need a second application.
17. **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, call 303-953-4170 or email [bkickerbocker@charterchoicecollaborative.org](mailto:bkickerbocker@charterchoicecollaborative.org)

Sincerely,

**Britton Knickerbocker**  
**CharterChoice Collaborative (SFA)**

**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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:** 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, audiotope, 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](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:

(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](mailto:program_intake@usda.gov).

This institution is an equal opportunity provider.

## How to Apply for Free and Reduced Price School Meals

### 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 school, *regardless of age*.

**A) List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. 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) List the child's school and grade (if applicable).**

**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. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

**D) Are any children homeless, migrant, runaway or participating in Head Start?** If you believe any child listed in this section may meet this description, please mark the "Homeless, Head Start, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

### STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are **eligible** for free school meals:

The Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works - Basic Cash Assistance or State Diversion), The Food Distribution Program on Indian Reservations (FDPIR)

**A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Skip to **STEP 3** on these instructions and **STEP 3** on your application; Leave **STEP 2** blank.

**B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- You only need to write **one** case number in the box; then **Skip to STEP 4.**

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**A) Report all income earned by children.** Refer to the chart titled "Sources of Income for Children" in these instructions and 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. It is optional for the household to list foster children living with them as part of the 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. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a job where they earn a salary or wages.
• Social Security <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor's Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• A child is blind or disabled and receives Social Security benefits.</li> <li>• A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
• Income from persons <i>outside</i> the household	• A friend or extended family member <i>regularly</i> gives a child spending money.
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust.

### FOR EACH ADULT HOUSEHOLD MEMBER:

#### Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if 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.
- Children and students already listed in Step 1

**How do I fill in the income amount and source?**

#### FOR EACH TYPE OF INCOME:

- Use the charts in this section 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 or deductions. 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 be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the ovals to the right of each field.

**B) List Adult Household member's name.** 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, income from public assistance/child support/alimony and income from pensions/retirement/all other income.** Refer to the chart titled "Sources of Income for Adults" in these instructions.

**D) 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 determines your eligibility for free and reduced price meals.

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• <b>Net</b> income from self-employment (farm or business)</li> <li>• Strike benefits</li> <li><b>If you are in the U.S. Military:</b> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</li> <li>• Allowances for off-base housing, food, and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability</li> <li>• Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• <i>Regular</i> cash payments from outside household</li> </ul>

### STEP 4: MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)

You are not required to consent to the disclosure of this information this will not affect your student(s) eligibility for school meals. Your information may be shared unless you check the box.

### STEP 5: CONTACT INFORMATION AND ADULT SIGNATURE

**A) Provide the last four digits of your Social Security Number.** The household's primary wage earner or another 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 the following box if no SSN."

**B) All applications must be signed by an adult member of the household.** Please provide your contact information and the date.

**CharterChoice Collaborative (SFA)**  
**2018-19 Application for Free and Reduced Price School Meals**  
 Complete one application per household. Please use a blue or black ink pen (not a pencil).

Apply online at: [charterchoice.strataapps.com](http://charterchoice.strataapps.com)

**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)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related." Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School (if applicable)	Grade (if applicable)

Head Start, Foster Child, Homeless, Migrant, Runaway

Click all that apply

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2** If any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR, please write the case number in the following box, then skip to STEP 4.

**Case Number:** \_\_\_\_\_

**STEP 3** Report income for ALL Household Members (Skip this step if you completed STEP 2)

**A. Child Income** - Please include the TOTAL income received by ALL CHILDREN in the household listed in STEP 1

Child income: \$ \_\_\_\_\_

How often? Weekly | Bi-Weekly | 2X Month | Monthly | Annually

**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 income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/ Alimony	How often?	Pensions/ Retirement/ All Other Income	How often?						
		Weekly	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"/>	<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"/>

**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  
 Hawaiian or Other Pacific Islander  
 White

Total Household Members (Children and Adults)

**STEP 4** Medicaid and/or State Children's Health Insurance Program (SCHIP) - The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals. *Your information may be shared unless you check the following box.*  Please do NOT share my information with the Medicaid or SCHIP offices.

**STEP 5** Contact information and adult signature

Last Four Digits of Social Security Number (SSN) of signing adult household member (This is only required if you completed Step 3.)

Check the following box if no SSN

"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 application State and Federal laws."

SIGNATURE of adult household member completing application: \_\_\_\_\_

Print name of adult household member completing application: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE. SCHOOL FOOD AUTHORITY USE ONLY\*\*\*\*\*

**Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12**

Total Income: \_\_\_\_\_ Per  Week,  Bi-Weekly,  2x/Month,  Month,  Year Household size: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced: \_\_\_\_\_ Denied: \_\_\_\_\_

Categorical Eligibility:  Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ App Num: \_\_\_\_\_