

Binghamton City School District 2020-2021 Eligibility Form

Please provide the following information. All children in the school will receive meals at no charge regardless of household income and all information is confidential.

List all children in your household who attend school:

Student Name	School	Grade

List all other family members, including non-school age children below. Include all income how much and how often they are paid (weekly, bi-weekly, twice per month, monthly). If there is no income, check the box for “no income”.

Name of Household Member	Earnings from work before deductions Amount/How Often	Child Support, Alimony Amount/How Often	Pension, Retirement payments Amount/How Often	Other Income, Social Security Amount/How Often	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	

If anyone in the household receives SNAP, TANF or FDPIR benefits, list their name and case number here.

Name: _____ Case Number: _____

I certify that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school can receive federal funds. If I purposely give false information, I may be prosecuted under applicable State and federal laws.

Signature: _____ Date: _____

DO NOT FILL OUT – FOR SCHOOL USE ONLY	
<input type="checkbox"/> SNAP/TANF	
<input type="checkbox"/> Income Household Total: _____ / _____	Household Size _____
Signature of Reviewing Official: _____	

DISCRIMINATION COMPLAINTS

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:

- (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.

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