

### 2019-2020 Income Data Collection Form

Read the instructions on the back. Complete **ONLY ONE** form for your household, sign your name and **RETURN IT TO THE: ROCHESTER CITY SCHOOL DISTRICT, SCHOOL FOOD SERVICE OFFICE BLDG. 5, 835 HUDSON AVE, ROCHESTER, NY 14621**. Call (585) 336-4100 or the school if you need help. Additional names may be listed on a separate paper. If any child is homeless, migrant or a runaway, please contact Elizabeth Reyes at (585) 324-9983.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP / TANF / FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. The CASE # is provided on your benefit letter. Do "NOT" use the 16-digit number on your benefit card. **Skip to Part 4, and sign the form.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_ (nine digit alpha numeric)

3. Report **ALL** income for **ALL** Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself, additional adults and all children that have income).**

List **ALL** Household Members (including yourself and all students in Step 1) **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 and how often income amount is received: weekly, every two weeks (bi-weekly), twice per month, monthly, yearly. If they "DO NOT" receive income from any other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

□ □

\*Last Four Digits of Social Security Number: XXX-XX- \_\_\_\_ - \_\_\_\_

I do not have a SS#

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this form before it can be approved. I certify (promise) that all the information on this form is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

#### DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP / TANF / Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## INCOME DATA COLLECTION FORM INSTRUCTIONS

Complete only one form for your household using the instructions below. Sign the form and return the form to the Rochester City School District, School Food Service Office Bldg.5, 835 Hudson Avenue, Rochester, NY 14621. Call (585) 336-4100 or the school if you need help.

Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your form.

### **PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household.
- (4) Before completing this form for a child who may be or meets the description for homeless, migrant, runaway: Please contact Elizabeth Reyes at (585) 324-9983 then check the homeless, migrant, runaway box.

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### **PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter. DO NOT use the 16-digit number on your benefit card.
- (2) An adult household member must sign the form in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

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### **PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The form must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the form in PART 4.

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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information provided on this form. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### **USE OF INFORMATION STATEMENT**

Use of Information Statement: The New York State Department of Education and The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not submit all needed information, we cannot determine your child's eligibility for additional benefits under state and federal programs. 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 form. 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 form does not have a social security number. We will hold the information you provide us as private and confidential to the extent required by laws, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with various state and federal 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. Regardless, all students enrolled in a Community Eligible Option School will receive meals at no charge.

### **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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

### **CHECKLIST**

- Have you included all your children as household members?
- For each household member receiving income, is the amount and how often (frequency) the income is received indicated?
- Have you signed the form?
- Have you included the last four digits of the social security number of the adult who signs in Part 4, if Part 3 is completed?