

**MAHANAY AREA SCHOOL DISTRICT  
 PETITION FOR ECONOMIC DISTRESS ACCOMODATIONS TO COMPLY WITH  
 THE STUDENT DRESS AND GROOMING POLICY**

The undersigned parent(s) or legal guardians and the student request the School District make reasonable accommodations to allow the student to comply with the prescribed school dress requirements established by Board Policy #221. These accommodations include a reimbursement of up to thirty (\$30) dollars per eligible student contingent upon the following:

1. Full completion and submission of a *Free and Reduced Price School Meals Family Application*\*
2. Meeting the income guidelines for free lunch status (see p. 2 for income guidelines)
3. Providing a copy of the household latest Income tax Return AND a copy of latest pay stub.

All families submitting this petition and *ALL paperwork listed above* should also attach store receipts from the purchase of clothing meeting Dress and Grooming Policy guidelines. Upon designated qualification, reimbursement for up to \$30 per student will be made to the parents.

Student Name	Grade (2011-12)

Students were eligible for Free Lunch during 2010-11

Parent / Legal Guardian Name (print)	Address
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Phone	
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Parent / Legal Guardian Signature	Date
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\* Information provided on the *Free and Reduced Price School Meals Family Application* is eligible for verification and certification. Reimbursement for clothing will only be allotted to children who qualify for free lunch.

For School Use:

- Submission of completed Application
  - Submission of Income Tax Return and Pay Stub
  - Income guidelines met for free lunch
  - Application Notice letter sent on \_\_\_\_\_ (date)
  - Proper Store Receipts
  - Check requested in the amount of \_\_\_\_\_
- Administrator Initials \_\_\_\_\_
- Date \_\_\_\_\_

**Free Lunch Income Guidelines for 2011-2012**

<b>FEDERAL INCOME CHART For School Year 2011-2012</b>			
<b>Household Size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$14,157	\$1,180	\$273
2	\$19,123	\$1,594	\$368
3	\$24,089	\$2,008	\$464
4	\$29,055	\$2,422	\$559
5	\$34,021	\$2,836	\$655
6	\$38,987	\$3,249	\$750
7	\$43,953	\$3,663	\$846
8	\$48,919	\$4,077	\$941
Each additional person:	+ \$4,966	+ \$414	+ \$96

**\*\* Children qualify for free lunch if the household income falls at or below the limits on this chart.**

# 2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

June 6, 2011

**PART 1. BENEFITS:** IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 3 AND ONLY fill out the child's name, grade and school the child attends. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.  
NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [your school, homeless liaison, migrant coordinator at phone #] \_\_\_\_\_ HOMELESS  MIGRANT  RUNAWAY**

**PART 3. TOTAL HOUSEHOLD GROSS INCOME:** You must tell us how much and how often.

1. NAME (list all household members, include grade of school aged child)	Check if a foster child (legal responsibility of welfare agency or court)	Name of School child attends	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				Check if NO income
			Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income	
<i>(Example) Jane Smith</i>	<input type="checkbox"/>		\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly	<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"/>

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
I certify (promise) that all information on this application is true and that all income is reported. 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.

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Last four digits of Social Security Number: \* \* \* \* - \* \* \* - \* \* \* - \* \* \*  I do not have a Social Security Number

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity: \_\_\_\_\_ Choose one or more (regardless of ethnicity):  
 Hispanic/Latino     Not Hispanic/Latino     Asian     American Indian or Alaska Native     Black or African American     White     Native Hawaiian or Other Pacific  
**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

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

Total Income: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice A Month  Month  Year    Household Size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

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

Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_