

## 2020 HANNIBAL CSD Summer Meal Registration Form

Hannibal Central School District is going to be a provider of 2020 summer meals (breakfast and lunch) at DMK.

This form is being used to register your child(ren) for the meal program. Please complete and return this form to the food service department on your first pickup at DMK.

You must also fill out the [Google survey](#) online (link is on the website). Pre-Registration is required to assure enough meals are available. The online registration form must be submitted no later than July 1 for the first pick up on July 7. If this form is not turned in by July 1, all future registrations must be made 1 week in advance (form must be received by July 7<sup>th</sup> for a July 14<sup>th</sup> pick up; or July 14<sup>th</sup> for a July 21<sup>st</sup> pick up; or July 21<sup>st</sup> for all future pickups.) You need to register ONCE and do not need to register for each pickup.

- Adults must wear a mask on school grounds.
- Adults will be required load their own meal pack into vehicle.
- Program will operate from July 7 – August 18, 2020.
- You must **pick up** at DMK **EVERY TUESDAY** from 9:00 – 11:00 in the morning. After, the site will be closed.

1. List all children in your household who will receive summer meal program:

Student Name	Student Birth date	2020-2021 Grade

Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

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"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) 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 may receive 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, and my children may lose meal benefits.

<b>Signature:</b> _____  Email Address: _____  Home Phone: _____  Work Phone: _____  Home Address: _____	<b>Date:</b> _____	<div style="text-align: center; background-color: #cccccc; padding: 2px;"><b>DO NOT FILL OUT – FOR SCHOOL USE ONLY</b></div> <p style="text-align: center; font-size: small;">Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  <b>Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12</b></p> <p> <input type="checkbox"/> SNAP/TANF/Foster  <input checked="" type="checkbox"/> Income Household: Total Household Income/How Often: _____ / _____ Household Size: __  <input checked="" type="checkbox"/> Free Eligibility    <input type="checkbox"/> Reduced Eligibility    <input type="checkbox"/> Denied Eligibility                 </p> <p><b>Signature of Reviewing Official:</b> _____</p>
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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](tel:8666329992). 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](tel:2026907442); or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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