

Emergency Application Request Form

Please complete this form to request student emergency meal benefits. See below for instructions. Submit this form with the completed application.

School: _____ Date: _____

Student Name: _____ Student ID #: _____

Principal requesting emergency free/reduced-price meals: _____
Print Name

Reason for requesting emergency free/reduced-price meals:

Signature of Principal: _____ Date: _____

RETURN THIS COMPLETED AND SIGNED FORM TOGETHER WITH THE COMPLETED APPLICATION.

..... **Nutrition Services Office Use Only**

Student has application previously on file for this school year: _____
Yes/No and Initial

New application mailed to parents/guardians: _____
Date Sent and Initial

Application received from parents/guardians: _____
Date Sent and Initial

If application not received from parents/guardians:

Has the principal completed the emergency Meal Benefit Form completely and correctly?
If no, date returned to principal: _____ Initials: _____ Yes/No

Emergency application is approved: _____
Signature of Nutrition Services Director or Assistant Director Date

Application **AND** Emergency Application Request Form sent to secretary for processing: _____
Date

Emergency application is denied: _____
Signature of Nutrition Services Director or Assistant Director Date

Reason for denial: _____

Denial communicated to Principal by Director/Assistant Director: _____
Date

Application & Emergency Application Request Form sent to secretary for filing: _____
Date

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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, 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.

This institution is an equal opportunity provider.

SUBMIT ORIGINAL FORM TO NUTRITION SERVICES