

## 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, 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](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.

**SUBMIT ORIGINAL FORM TO NUTRITION SERVICES**