

DIXIE SCHOOL DISTRICT NO. 101

P. O. Box 40, 10520 E. Highway 12, Dixie, Washington 99329
Telephone: (509) 525-5339 Fax: (509) 525-1062

Superintendent
Jacob Bang

Business Manager
Jennifer Worden

Board of Directors
Lisa Davis-Chair
Nicole Novak -Vice Chair
Jacob Crenshaw
Javin Berg
Kacey Townsend

Welcome back for 2023-24 School Year

August 18, 2023

Dear **Students, Parents and Community Members**

Welcome back to school for another great year here at Dixie. We are pleased to announce that our school has been repainted, refurbished; wood work has been refinished, plaster has been repaired and the school is ready for new students. We are also excited to welcome a new business manager, Jennifer Worden, to our staff here at Dixie.

Once again, we have a number of fantastic field trips planned for this year, from parade's to soccer matches with Starbuck, we have some great things planned for this year. A copy of our school schedule has been included in this packet. As always, good communication is key for success this year. We have online resources set up for you as parents on Classroom Dojo which if you give your information to the office, we will be more than happy to add your names to the list. Also, please check our Facebook page for photos and additional information. In the case of a snow closure or other safety issues, we will be communicating on those platforms. Student health and safety is one of our primary focuses at Dixie. If the health of the community or students changes, then we will follow the recommendations from our health district and state throughout the year. Please check our website and with your student's teachers for the most up to date information.

We appreciate all of the support you as parents, guardians and community members provide for us each year. This year is going to be terrific and I know that each of us can be comforted by the fact that the collective professionalism, talent, and persistence of our staff continues. There will be several fundraising events this year that we will want your support with.

Thank you for choosing Dixie School District and we look forward to a great year this year.

Sincerely,

Jacob Bang
Principal/Superintendent
Dixie School District

DIXIE SCHOOL CALENDAR 2023-2024

18

| August 2023 | | | | | | |
|-------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| | 1 | 2 | 3 | 4 | | |
| 7 | 8 | 9 | 10 | 11 | | |
| 14 | 15 | 16 | 17 | 18 | | |
| 21 | 22 | 23 | 24 | 25 | | |
| 28 | 29 | 30 | 31 | | | |

- 28 Board Meeting
- 28 District directed LID
- 29 Teacher directed LID

19

| September 2023 | | | | | | |
|----------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| | | | | 1 | | |
| 4 | 5 | 6 | 7 | 8 | | |
| 11 | 12 | 13 | 14 | 15 | | |
| 18 | 19 | 20 | 21 | 22 | | |
| 25 | 26 | 27 | 28 | 29 | | |

- 4 Labor Day- No School
- 5 First day of School
- 25 Board Meeting

22

| October 2023 | | | | | | |
|--------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| 2 | 3 | 4 | 5 | 6 | | |
| 9 | 10 | 11 | 12 | 13 | | |
| 16 | 17 | 18 | 19 | 20 | | |
| 23 | 24 | 25 | 26 | 27 | | |
| 30 | 31 | | | | | |

- 20 In-service-ER 11:30
- 23 Board Meeting

18

| November 2023 | | | | | | |
|---------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| | | 1 | 2 | 3 | | |
| 6 | 7 | 8 | 9 | 10 | | |
| 13 | 14 | 15 | 16 | 17 | | |
| 20 | 21 | 22 | 23 | 24 | | |
| 27 | 28 | 29 | 30 | | | |

- 3 Q1 end, Gr Prep, ER 11:30
- 8&9 Conferences-ER 11:30
- 10 Veterans Day
- 21 ER 11:30-Thanking Break
- 22-24 Thanksgiving Break
- 27 Board Meeting

11

| December 2023 | | | | | | |
|---------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| | | | | 1 | | |
| 4 | 5 | 6 | 7 | 8 | | |
| 11 | 12 | 13 | 14 | 15 | | |
| 18 | 19 | 20 | 21 | 22 | | |
| 25 | 26 | 27 | 28 | 29 | | |

- 11 Board Meeting
- 14 Holiday program
- 15 ER 11:30- Wtr break starts
- 18-31 Winter break

1

| January 2024 | | | | | | |
|--------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| 1 | 2 | 3 | 4 | 5 | | |
| 8 | 9 | 10 | 11 | 12 | | |
| 15 | 16 | 17 | 18 | 19 | | |
| 22 | 23 | 24 | 25 | 26 | | |
| 29 | 30 | 31 | | | | |

- 1 Winter Break
- 12 In-service- ER 11:30
- 15 MLK Day- No School
- 22 Board Meeting
- 26 Q2 end, Grade Prep, ER 11:30

20

| February 2024 | | | | | | |
|---------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| | | | 1 | 2 | | |
| 5 | 6 | 7 | 8 | 9 | | |
| 12 | 13 | 14 | 15 | 16 | | |
| 19 | 20 | 21 | 22 | 23 | | |
| 26 | 27 | 28 | 29 | | | |

- 19 Presidents Day- No School
- 26 Board Meeting

21

| March 2024 | | | | | | |
|------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| | | | | 1 | | |
| 4 | 5 | 6 | 7 | 8 | | |
| 11 | 12 | 13 | 14 | 15 | | |
| 18 | 19 | 20 | 21 | 22 | | |
| 25 | 26 | 27 | 28 | 29 | | |

- 8 In-service - ER 11:30
- 25 Board Meeting
- 26 Q3 end, Grade Prep, ER 11:30
- 27&28 Conferences-ER 11:30
- 29 Early Release 11:30

17

| April 2024 | | | | | | |
|------------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| 1 | 2 | 3 | 4 | 5 | | |
| 8 | 9 | 10 | 11 | 12 | | |
| 15 | 16 | 17 | 18 | 19 | | |
| 22 | 23 | 24 | 25 | 26 | | |
| 29 | 30 | | | | | |

- 1-5 Spring break
- 22 Board Meeting

21

| May 2024 | | | | | | |
|----------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| | | 1 | 2 | 3 | | |
| 6 | 7 | 8 | 9 | 10 | | |
| 13 | 14 | 15 | 16 | 17 | | |
| 20 | 21 | 22 | 23 | 24 | | |
| 27 | 28 | 29 | 30 | 31 | | |

- 17 In-service - ER 11:30
- 20 Board Meeting
- 24 Possible Snow day
- 27 Memorial Day- No School

10

| June 2024 | | | | | | |
|-----------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| 3 | 4 | 5 | 6 | 7 | | |
| 10 | 11 | 12 | 13 | 14 | | |
| 17 | 18 | 19 | 20 | 21 | | |
| 24 | 25 | 26 | 27 | 28 | | |
| | | | | | | |

- 12 Q4 end, Grade Prep, ER 11:30
- 13 Bldg Prep- ER 11:30
- 14 School ends-ER 10:30
- 17 Possible Snow Day
- 24 Board Meeting

11

| July 2024 | | | | | | |
|-----------|----|----|----|----|--|--|
| M | T | W | T | F | | |
| 1 | 2 | 3 | 4 | 5 | | |
| 8 | 9 | 10 | 11 | 12 | | |
| 15 | 16 | 17 | 18 | 19 | | |
| 22 | 23 | 24 | 25 | 26 | | |
| 29 | 30 | 31 | | | | |

- 22 Board Meeting

Student Attendance
K-5 student days 180

School starts/ends
 Conferences
 Ski day
 Staff development ER 11:30
 Quarter end, ER 11:30
 ER 11:30 (or specified time)
 Snow/Covid Day
 K-5
 Dixie School
 Holiday
 Nonpaid days
 # School Board meeting

**Dixie School District #101
September Menu 2023**

Breakfast

| Monday | Tuesday | Wednesday | Thursday | Friday | Monday | Tuesday | Wednesday | Thursday | Friday | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|--|--|--|---|---|---|---|---|--------|---------|-----------|----------|--------|
| 4 Labor Day No School | 5 Yogurt Cereal Bars Applesauce Juice Milk | 6 Waffles Sausage Peaches Juice Milk | 7 Toast & Toppings Cheese Stick Banana Juice Milk | 8 Cereal Toast Applesauce Juice Milk | 4 Labor Day No School | 5 Chicken on A Bun French Fries Pears Milk | 6 Come & Get It Mixed Veggie Melody Rolls Pears Milk | 7 Ham Mac & Cheese Applesauce Rolls Milk | 8 Cheeseburgers Tater Tots Carrots Grapes Milk | | | | | |
| 11 Pancakes Sausage Pears Juice Milk | 12 Dixie McMuffins Applesauce Juice Milk | 13 Yogurt Bagels Banana Juice Milk | 14 Muffins Cheese sticks Peaches Juice Milk | 15 Cereal Toast Applesauce Juice Milk | 11 Taco Casserole Corn Rolls Pears Milk | 12 Sub-Sandwich Baked Beans Cucumbers Oranges Milk | 13 Breaded Cheese Sticks w/Marinara Sauce Celery Grapes Milk | 14 Spaghetti Green Beans Garlic Bread Pears Milk | 15 Corn dogs French Fries Cucumbers Apples Milk | | | | | |
| 18 Toast & Toppings Cheese Stick Banana Juice Milk | 19 Blueberry Muffins Yogurt Juice Milk | 20 Waffles Sausage Applesauce Juice Milk | 21 Breakfast Burrito Peaches Juice Milk | 22 Cereal Toast Applesauce Juice Milk | 18 Chicken on a Bun French Fries Carrots Banana Milk | 19 Taco's Refried Beans Snap Peas Peaches Milk | 20 Come & Get It Mixed Veggie Melody Rolls Applesauce Milk | 21 Tomato Soup Grilled Cheese Green Beans Pears Milk | 22 Hotdogs French Fries Celery Apple slices Milk | | | | | |
| 25 Yogurt Bagel Banana Juice Milk | 26 Dixie McMuffins Applesauce Juice Milk | 27 Muffins Cheese sticks Peaches Juice Milk | 28 Pancakes Sausage Pears Juice Milk | 29 Cereal Toast Applesauce Juice Milk | 25 Beef Burrito Refried Beans Corn Applesauce Milk | 26 Chicken Stripes Mac & Cheese Green Beans Peaches Milk | 27 Spaghetti Green Beans Garlic Bread Pears Milk | 28 Ham Scalloped Potatoes Rolls Applesauce Milk | 29 Breaded Cheese Sticks w/Marinara Sauce Celery Grapes Milk | | | | | |

Dixie School District does not discriminate in any programs or activities on the basis of sex, race, creed, national origin, honorably discharged veteran or military status, sexual orientation, gender expression or gender identity, the presence of any sensory, mental, or physical disability or the use of a trained guide dog or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Civil Rights, Title IX, and Section 504 Coordinator: Jacob Bang, (509)525-5339, jbang@dixiesd.org, address P.O. Box 40, Dixie WA 99329.

Welcome Back Dixie Students & Staff!

Dixie School Monthly Calendar September 2023

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---|---|-----------|----------|--------|----------|
| | | | | | 1 | 2 |
| 3 | 4 Labor Day No School | 5 1st day of School Welcome Back!!! | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 School Board Meeting 6:00 p.m. | 26 | 27 | 28 | 29 | 30 |

Dixie School District does not discriminate in any programs or activities based on sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression or gender identity, the presence of any sensory, mental or physical disability or the use of a trained guide dog or service animal and provides equal access to the Boy Scouts and any other designated youth groups. The following employee has been designated to handle questions, complaints of alleged discrimination: Civil Rights, Title IX, and Section 504 Coordinator: Jacob Bang, {509}525-5339, jbang@dixiesd.org Address: P.O. Box 40, Dixie, WA 99229.

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P. O. BOX 40 Dixie, Washington 99329
Telephone: (509) 525-5339
Fax: (509) 525-1062

Please return completed form to:

Jacob Bang
District Liaison

509-525-5339
Phone Number

Business Office
Location

For School Personnel Only: For data collection purposes and student information system coding

(N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



Dixie School District #101

The Home Language Survey is given to *all* students enrolling in Washington schools.

| | | |
|----------------------------|---------------------|--------------------|
| Student Name: _____ | Grade: _____ | Date: _____ |
|----------------------------|---------------------|--------------------|

Parent/Guardian Name _____ Parent/Guardian Signature _____

| | |
|--|--|
| <p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p> | <p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p> |
|--|--|

| | |
|---|---|
| <p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p> | <p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p> |
|---|---|

| | |
|--|---|
| <p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p> | <p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12th grade) ___Yes ___No</p> <p style="margin-left: 40px;">If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12th grade)</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Month Day Year</p> |
|--|---|

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

McKinney-Vento Program Intake Form

| | | | | |
|---------------------------------|---|-------|---------------|--|
| STUDENT NAME | STUDENT NO. | GRADE | GENDER | Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other |
| CURRENT SCHOOL OR LAST ATTENDED | ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No | AGE | DATE OF BIRTH | |
| CURRENT ADDRESS | PARENT/GUARDIAN | PHONE | | |

Please list siblings or other children in the home:

| Name | Student No. | Grade | Age | School (if not enrolled, please indicate) |
|------|-------------|-------|-----|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Student's living situation:

| | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Doubled Up ¹ | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Unsheltered ² | <input type="checkbox"/> Motel/Hotel | |
| <input type="checkbox"/> Unaccompanied Youth ³ | <input type="checkbox"/> Transitional Housing | |

¹ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
² Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
³ Unaccompanied youth not living with a parent or guardian
⁴ Child temporarily placed with relative or guardian

Is your current residence a temporary living situation? Yes No
 Is your living arrangement due to the loss of housing or economic hardship? Yes No

Please check the following services that are needed or desired:

| | |
|--|---|
| <input type="checkbox"/> Free breakfast/lunch | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> After-school programs |
| <input type="checkbox"/> Clothing/Uniform | <input type="checkbox"/> Teen Center |
| <input type="checkbox"/> School supplies | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Medical/dental referral – medical coupons | <input type="checkbox"/> Gifted/talented |
| <input type="checkbox"/> Vision referral | <input type="checkbox"/> Vocational/technical |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps | <input type="checkbox"/> Community resource |
| <input type="checkbox"/> Preschool Enrollment records | <input type="checkbox"/> LEP/Bilingual program |
| <input type="checkbox"/> Missing enrollment records | |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Prior academic records |
| <input type="checkbox"/> Immunization/medical records | <input type="checkbox"/> Guardianship issues |

Trust/financial assistance needed for _____ Cost \$ _____

Comments/Changes:

Parent/Guardian/Unaccompanied Youth Signature:

Name _____
Date

District Liaison Signature:

Name _____
Date

ENROLLMENT FORM

Date ____/____/____

Student's Full Legal Name _____
(Last) (First) (Middle)

Nickname _____ Sex: M or F Birthdate ____ - ____ - ____ Birthplace _____ Age ____

Address _____ PO Box ____ City _____ Home Phone ____ - ____
(Street address required for bussing)

Last school attended _____ City _____ State _____ Grade ____ thru ____

Language the student uses most _____

OPTIONAL (Check one):

Black or African-American Asian American Indian Hispanic or Latino Pacific Islander Caucasian or White

Father / Guardian Name _____ Place of work _____
(Last) (First)

Work Phone ____ - ____ Cell Phone ____ - ____ Working days: S M T W T F S Hrs ____ to ____
(Please circle)

Mother / Guardian Name _____ Place of work _____
(Last) (First)

Work Phone ____ - ____ Cell Phone ____ - ____ Working days: S M T W T F S Hrs ____ to ____
(Please circle)

Student lives with: (Please check all that apply)

Mother Stepmother Foster Parent Legal Guardian _____ other

Father Stepfather Foster Parent Legal Guardian _____ other

Brothers and sisters living at home:

Name _____, Age ____ Name _____, Age ____ Name _____, Age ____

If you need to have your child picked up by someone other than yourselves, you will need to send a note or call the school office ahead of time. We **will not** let your child leave the building with anyone else.

Legal papers required:

DO NOT RELEASE my child to, and/or **NO CONTACT** with my child by: _____
(person's name)

In case of an emergency and parent(s) are not available please contact:

Name _____ Relationship _____ Phone ____ - ____

In the event an unusual injury or illness develops with your student needing immediate attention and the parent cannot be readily reached, the school requires the following information:

Family Doctor _____ Phone ____ - ____ Clinic _____ Phone ____ - ____

Preferred Hospital _____ Phone ____ - ____

Health Plan/Insurance Co _____ Group/Policy No. _____

"In case of an accident or serious illness, I request the school authorities contact me. If I cannot be reached, I herewith authorize the school administration to call Doctor: _____. If it is impossible to contact the physician, I authorize the teacher/sponsor to arrange for all necessary emergency medical services for said student on my behalf."

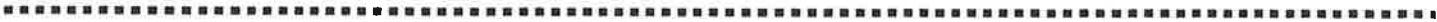
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Dixie School District, its employees and its Board assume no liability of any nature in relationship to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

_____ Date ____/____/____
Parent or Legal Guardian Signature



- **PLEASE** specify any medical condition, allergies, disability, or medications your child may require assistance from the school:

- **SPECIAL SERVICES** your student has been receiving:

___Special Education ___LAP ___Title 1 ___504 Plan ___Counseling ___Other _____

- Dixie School District does not provide accident medical insurance for students for school related injuries; however, there is Student Accident Insurance you may purchase. Please pick up an application form in the school office.

- My student will be: ___ riding the bus to school ___ walking to school

- Please specify any limited English proficient parent/guardian. -(Language) _____

DIXIE SCHOOL DISTRICT NO. 101

P. O. BOX 40 Dixie, Washington 99329

Telephone: (509) 525-5339

Fax: (509) 525-1062

FOR OFFICE USE ONLY

Date Enrolled ___/___/___ Request for Records ___/___/___ Date Exited from our District ___/___/___

Received: Immunization Record _____ Verification of age _____ (e.g., birth certificate, hospital or physician's certificate showing date of birth, adoption record.) Bus Route & Driver _____

**National School Lunch Program/School Breakfast Program
2023-24 Letter to Households Dixie School District #101**

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast and lunch will be served at no cost to those children who qualify for free and reduced-price meals in grades K-12. All other students will be charged the rates shown below.

| REGULAR | | | |
|---------------------|-----------|---------|-------|
| Grade Level | Breakfast | Lunch | Snack |
| K – 5th | \$ 1.25 | \$ 1.50 | \$ 0 |
| Reduced Price Meals | | | |
| K-5th | \$.30 | \$.40 | \$ 0 |

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to September 5, 2023.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at Jeannie Kibler.

| USDA Child Nutrition Program Income Guidelines Effective July 1, 2023–June 30, 2024 | | | | | |
|--|----------|---------|-----------------|-----------------|---------|
| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | \$26,973 | \$2,248 | \$1,124 | \$1,038 | \$519 |
| 2 | \$36,482 | \$3,041 | \$1,521 | \$1,404 | \$702 |
| 3 | \$45,991 | \$3,833 | \$1,917 | \$1,769 | \$885 |
| 4 | \$55,500 | \$4,625 | \$2,313 | \$2,135 | \$1,068 |
| 5 | \$65,009 | \$5,418 | \$2,709 | \$2,501 | \$1,251 |
| 6 | \$74,518 | \$6,210 | \$3,105 | \$2,867 | \$1,434 |
| 7 | \$84,027 | \$7,003 | \$3,502 | \$3,232 | \$1,616 |
| 8 | \$93,536 | \$7,795 | \$3,898 | \$3,598 | \$1,799 |
| For each add'l family member, add: | \$9,509 | \$793 | \$397 | \$366 | \$183 |

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5; Part 6* is optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1 and 5; Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

2023-24 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Dixie School District Q#101

Complete, sign, and return this application to: P.O. Box 40, Dixie WA 99329

Check here if you received meal benefits last year:

Homeless

Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

| Student's Last Name | Student's First Name | MI | Foster | Date of Birth | School | Grade | Student Income | Weekly | Bi-weekly | 2 X Month | 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"/> | | | | \$ | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food

TANF

Food Distribution Program on Indian Reservations (FDPIR)

Case Number: _____

3. List the names of all other household members - Enter Income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

| Names of ALL other household members (do not include students listed above) | Foster | Earnings from work (before any deductions) | Frequency | | | Public Assistance/ Child Support/ Alimony | Frequency | | | Pensions/ Retirement/ Social Security (SSI) | Frequency | | | Any Other Income Not Already Listed | Frequency | | |
|--|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | | | Weekly | Bi-weekly | 2 X Month | | Monthly | Weekly | Bi-weekly | | 2 X Month | Monthly | Weekly | | Bi-weekly | 2 X Month | |
| | <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"/> | <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"/> | <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"/> | \$ | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Check if no SSN:

(total listed must equal number of household members listed above)

Primary Wage Earner or Other Household Member

5. Contact Information & Signature - Complete, sign, and return this application to: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member _____

Adult Household Member Signature _____

E-mail Address _____

Mailing Address _____

City, State & Zip Code _____

Daytime Phone _____

Date _____

6. **Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.**

Mark one or more racial identities:

- American Indian or Alaska Native
 Black, or African American
 White

Asian

Native Hawaiian or Other Pacific Islander

Mark one ethnic identity:

Hispanic or Latino

Not Hispanic or Latino

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligible information with 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 look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact US through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-1-1-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email:

program.intake@usda.gov

This institution is an equal opportunity provider.

Dixie School District's Non-Discrimination Statement:

Dixie School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender identity, the presence of any sensory, mental or physical disability, or the use of a trained guide dog or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Civil Rights, Title IX, and Section 504 Coordinator: Jacob Bang, jbang@dixiesd.org, P.O. Box 40, Dixie WA 99329 or (509)525-5339.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do NOT convert to annual income unless household reports multiple pay frequencies)

LEA APPROVAL:

- Basic Food/TANF/FDPIR/Foster
- Income Household

Total Household Size

Total Household Income

\$ _____

- Weekly
- Bi-Weekly
- 2x per Month
- Monthly
- Ann

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information

Other: _____

Date Notice Sent _____

Signature of Approving Official _____

Date _____