September 2022

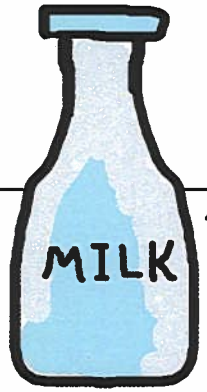
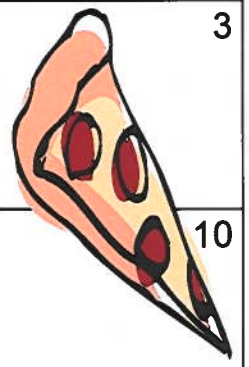
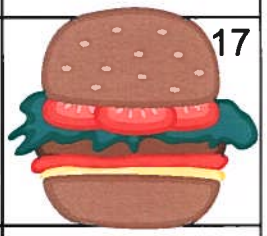
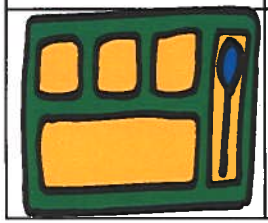
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7 1st Day of School	8 1st Day of School PreK3	9 Parish Movie Night	10
11	12	13	14 BFF	15 1st School Mass @ 8:30am	16	17
18 11am Catechetical Mass	19	20 8th Grade Mass 10:00 am St Joseph Cathedrial	21 Meet the teacher Night H.S.A.General Meeting 6:00pm BFF	22 School Mass @ 8:30am	23	24 Families of Faith Weekend
25 Dinner with Father	26	27	28	29 School Mass @ 8:30am	30 Early Dismissal Drill	

Menu subject to change Must take 1/2c fruit or vegetable. 1% White or Chocolate milk served daily

St. John the Baptist School

September 2022

Garden salad served with a choice of cheese, turkey or egg and dinner roll. Peanut Butter & Jelly, Peanut Butter/yogurt, Turkey Sandwich and Grill Cheese may be substituted for Main Entree

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
 4	WELCOME BACK TO SCHOOL 5 Have a great year	6	7 CHEESE, CHEESE & PEPPERONI, VEGGIE OR CHICKEN WING PIZZA FRESH VEGETABLES CARROTS FRUIT MILK	1 8 HOTDOG ON A ROLL FRENCH FRIES CARROT STICKS DILL PICKLES FRUIT MILK	2 Lunch Price $2.50 9 BAKED MAC & CHEESE DINNER ROLL CORN FRUIT MILK	3  10
Snacks: 11 Ice Cream Chips $1.00	12 CHICKEN NUGGETS FRENCH FRIES CARROTS & CELERY STICKS FRUIT MILK	13 NACHO'S DELUXE WITH CHIPS REFRIED BEANS CHEESE CORN FRUIT MILK	14 CHEESE, CHEESE & PEPPERONI, VEGGIE OR CHICKEN WING PIZZA FRESH VEGETABLES CARROTS FRUIT MILK	15 MEATBALL SANDWICH SWEET POTATO FRIES GREEN BEANS FRUIT MILK	16 FRENCH TOAST STICKS SAUSAGE TATER TOTS ORANGE JUICE FRUIT MILK	17 
18 	19 CHICKEN PATTY ON A ROLL LETTUCE & TOMATO BUTTER NOODLES COOKED CARROTS FRUIT MILK	20 2 MEAT TACOS LETTUCE & CHEESE REFRIED BEANS CORN FRUIT MILK	21 CHEESE, CHEESE & PEPPERONI, VEGGIE OR CHICKEN WING PIZZA FRESH VEGETABLES CARROTS FRUIT MILK	22 PASTA WITH MEATSAUCE GARLIC BREAD GREEN BEANS FRUIT MILK	23 GRILLED CHEESE SANDWICH RICE TOMATO SOUP DILL PICKLE FRUIT MILK	24
	26 CHICKEN FINGERS FRENCH FRIES CARROTS & CELERY STICKS FRUIT MILK	27 TACO IN A BAG LETTUCE & CHEESE REFRIED BEANS CORN FRUIT MILK	28 CHEESE, CHEESE & PEPPERONI, VEGGIE OR CHICKEN WING PIZZA FRESH VEGETABLES CARROTS FRUIT MILK	29 BAKED BBQ CHICKEN DINNER ROLL MASH POTATOES GRAVY COOKED CARROTS FRUIT MILK	30 HAMBURGER OR CHEESEBURGER ON A ROLL SWEET POTATO FRIES GREEN BEANS FRUIT MILK	

St. John the Baptist School~
Where small can make a BIG difference!
2028 Sandridge Road
Alden, New York 14004 – 9744
Phone (716) 937-9483 Fax (716) 937-9794
www.stjohnsalden.com

COVID 19 Protocol 2022-2023

The information presented in this document is done in conjunction with the recommendations put in place by the CDC and the NYS Department of Health. These procedures will be updated if and when required by the NYS Department of Health or Erie County Department of Health.

Our goal is to continue to educate our students in person with minimal to no interruption to core instructions.The following protocols are intended to mitigate the transmission of contagious illnesses, included, but not limited to COVID 19.

Sick Child Protocol - It is normal for children to become ill, and it is important that sick and symptomatic children remain at home and are given adequate time to rest. We ask that parents screen their child each morning for symptoms and only send healthy children to school. We will no longer conduct daily temperature checks in school. Please keep in mind that children rarely get better as the day progresses, so if your child is displaying symptoms in the morning, it is best to keep them home.

Children with the following symptoms should not attend school:

1. Fever
2. Diarrhea
3. Vomiting
4. Persistent cough
5. Runny nose (one that produces constant mucus)

We do not require a negative COVID 19 test for children to return after displaying symptoms, however, children should be fever free and have not vomited for 24 hours before returning. If your child has seasonal allergies, please make sure this is noted on their health history forms.

COVID 19 Positive Students/Staff - Individuals that test positive for COVID 19 should follow the NYS Department of Health guidelines. This includes an isolation period of 5 days. Individuals may return to school on day 6, and should wear a mask until day 10. Individuals should not return to school regardless of the day if they are still experiencing fever or do not have a resolution of symptoms.

Exposure to COVID 19 - Individuals that have had close contact with a COVID 19 positive individual do not need to quarantine. It is recommended that individuals test for COVID 19 if they begin to develop symptoms. St. John the Baptist School will no longer conduct contact tracing and will not send notifications regarding positive cases in class.

Testing - Students and staff that display symptoms are encouraged to test for COVID -19. At Home test kits are available upon request through the school office as long as current supplies remain in stock.

Masking - Universal masking is not currently required in a school setting. Masks are recommended for those returning to school following an isolation period and for those individuals that have been exposed to COVID 19. St. John the Baptist school will monitor school and community outbreaks, and may determine a need for masks at a future date as a preventative measure. This information will be communicated to families.

School Wide Mitigation Practices - We are no longer mandated to space children 6 feet apart or create cohorts of students. As a school we will continue to use frequent cleaning of surfaces and high traffic common areas. Each classroom will have an air purifier to help filter the air in our classrooms. Teachers and staff will continue to use frequent hand washing and hand sanitizing stations throughout the day.

Remote Instruction - St. John the Baptist will no longer offer remote instruction for students that test positive for COVID 19 or any other illness. Every effort will be made to support student learning upon that student's return to school.

Vaccination - The COVID 19 vaccination is not a required vaccination for students and staff. Please refer to the NYS Department of Health for their recommendations regarding vaccinations.

References:

https://coronavirus.health.ny.gov/schools-youth

Welcome back!

We are excited to kick off the school year with our first fundraiser!

We would like to introduce ourselves, we are the chairwomen for the Gertrude Hawk Candy Bar Fundraiser, Rita Greis & Gwen Wrotniak. Rita is a mom of 3 students who are in kindergarden, 2nd & 4th grades. Gwen is the mom of a 3rd grader.

Every year we sell Gertrude Hawk Candy Bars as our Biggest fundraiser to support our school. This money raised goes a long way for our school; paying utility bills, internet access for our smart boards & chromebooks, classroom supplies & maintenance are just a few of the ways this fundraiser supports our school and kids.

As with everything the cost of the candy bars has increased, this year Gertrude Hawk Candy bars are to be sold at **$1.50** a piece. We ask that each student pre-k to 7th sell a **minimum of 2 boxes** and 8th graders sell a **minimum of 12** (2 for the school & 10 for the 8th Grade trip). We encourage everyone to sell more than the minimum, and there are prizes for the top 3 families again this year (families with 8th graders are excluded until they sell their minimum of 10 for the trip then what the family sells can be counted toward the HSA contest)

We ask that all outstanding money is turned in before requesting additional boxes.

To prevent lose, melted candy bars and kids eating them all we will be at St. John's distributing carriers on the first day of school September 7th from 2pm until 6pm and again at the HSA meeting held September 21st. If you are unable to pick up the required carriers during those times please email or text Rita at ritafgreis@gmail.com or 585-230-4221 to make other arrangements.

Due to the increased costs we only ordered about 80 extra carriers to sell once each family sells their minimum, so sell them out quick if you would like to be the top sales family!

As always we are available if you have any questions or concerns!

Have an amazing school year and Happy selling!

Rita Greis & Gwen Wrotniak

GERTRUDE HAWK CANDY SALE 2022
Benefiting St. John the Baptist School Alden
SJB
School Alden
$1.50
EACH
Flavors (may vary):
Milk
Peanut Butter
Crispy
Pretzel
Caramel
Sea Salt Caramel
Almond
Almond Toffee
Dark
Mint
Raspberry
Coconut
Lava Cake

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Website: www.stjohnsalden.com

2022-2023 Staff List

Name	Position	Email
Mrs. Jonna Johnson	Principal	jonna.johnson@stjohnsalden.org
Father Daniel Serbicki	Reverend	frdanserbicki@gmail.com
Miss. Michelle Gardner	Administrative Assistant	school.office@stjohnsalden.org
Mrs. Barbara Trybuskiewcz	Cafeteria Manager	barbara.tyrbuskiewicz@stjohnsaldens.org
Ms. Alison Diskin	Pre-K 3 & Pre-K 4 Teacher	alison.diskin@stjohnsalden.org
Mrs. Denise Beal	Early Kindergarten/Pre-K 4 Teacher	denise.beal@stjohsalden.org
Mrs. Julie Rivera	Kindergarten Teacher	julie.riviera@stjohnsalden.org
Mrs. Heather Taylor	1st Grade Teacher	heather.taylor@stjohnsalden.org
Ms. Elaine Nuwer	3rd Grade Teacher	elaine.nuwer@stjohnsalden.org
Mrs. Sydney Anasiewicz	2nd Grade Teacher	sydney.Anasiewicz@stjohnsalden.org
Mrs. Maribeth Swendsen	4th Grade Teacher	maribeth.swendsen@sjohnsalden.org
Miss. Katelyn Corp	Middle School Science Teacher	katelyn.corp@stjohnsalden.org
	Middle School ELA Teacher	
Mr. Zachary Yoder	Middle School SS	zachary.yoder@stjohnsalden.org
Mrs. Tamaira McNutt	Middle School Math Teacher	tamaira.mcnutt@stjohnsalden.org
Mr. John Markey	Physical Education Teacher	john.markey@stjohnsalden.org
Mr. Daniel Stachelski III	Music Teacher	daniel.stachelski@stjohnsalden.org
Ms. Desiree Lis	Art Teacher	desiree.lis@stjohnsalden.org
Ms. Abby Lemke	Library	abby.lemke@stjohnsalden.org
Mrs. Barbara Cometto	Spanish	barbara.cometto@stjohnsalden.org
Mrs. Kaitlyn Pfennig	AIS Teacher	kaitlyn.pfennig@stjohnsalden.org
Ms. Destinee Danser	Technology/IT Support	destinee.danser@stjohnsalden.org

School Office phone: 716-937-9483
Rectory Office phone: 716-937-6959
Please note that teachers and staff cannot receive phone calls to their room or throughout the day.
You may contact the main office to leave a message or you may use their email address.

OUR MISSION IS TO LOCALLY ENRICH EDUCATIONAL EXPERIENCES FOR ALL CHILDREN THROUGH ACADEMIC PROGRAMMING!

LE3 at St. John The Baptist School

We take pride in providing our students with a unique and memorable learning experience...
Our excellent teachers will make sure that every child's learning needs are always met.

716-430-9322
epoleon@le3-inc.org

35 California Drive
Williamsville, NY 14221

Program Perks:

•No weekly or daily minimum for any programming option.

•Financial aid is available with no income requirements.

•All snacks and meals included in daily rates.

•Drop-in programming, no notice needed.

•Back Billing: every Monday you are invoiced for the total time used during the previous week.

After School: 2:00 - 6:00 PM
(8.00/ hour/child)

Full-Day Camps: 7:30 AM - 6:00 PM
($55.00/day/child)

10 Week Summer Program: Information released in November
($50.00/day/child)

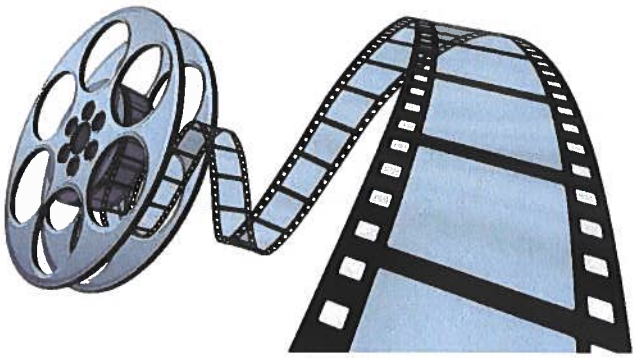
Register Online at www.le3inc.org/sjb
Contact us for more information!

716-430-9322
epoleon@le3-inc.org

35 California Drive
Williamsville, NY 14221

St. John's Works of Mercy Ministry invites you

to join us for an outdoor Family Movie Night



Double Feature starting with

"Veggie Tales"

An American Christian animation film based on the adventures of talking vegetables. (G)

Followed by

"Overcomer"

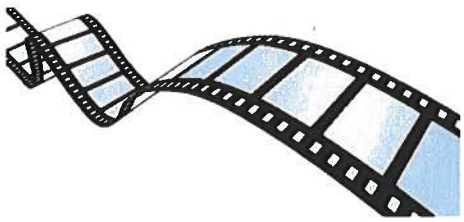
A Christian drama about a H.S. basketball coach who takes over the track team & encounters a troubled teen. (PG)

Friday, September 9th • Gather at 7pm • Movie time 8pm

St. John's Church lawn between church & rectory (in gym if raining)

POPCORN PROVIDED

All are welcome – bring a friend & a blanket!



Welcome to
St. John the Baptist School Cafeteria

2028 Sandridge Road
Alden, N.Y. 14004
(716) 937-9483

Barbara Trybuskiewicz, Food Service Director

NEW MEAL PRICES FOR 2022-2023
$2.50

We appreciate your children's continued participation in our lunch program. We strive to offer meals that are balance and flavorful while using every opportunity to teach healthy eating habits.

Families are encouraged to pre-pay for lunches. Prepayment can be made with cash or a check made payable to St. John's Cafeteria.

Please fill out an application for the free or reduced lunch if you are eligible. Filling out the application will help our school participate in other government programs. A family application is distributed to all students or can be found on the School Website. Applications are also available at the food service office and parents are strongly encouraged to complete the form, if eligible.

SNACKS:

Snacks must be prepaid and parents can send cash or check and it will be placed in the student's account. Checks can be made payable to St. John's Cafeteria and mark for Snacks on checks.

We will have Hershey Ice Cream for $1.00 and chips for $1.00. New snack items may be added during the school year.

Further, snacks will not be sold to any student who does not have snack money on account.

If I can assist you at anytime, please do not hesitate to email me at barb.trybuskiewicz@stjohnsalden.org.

Thank you,

Barb Trybuskiewicz
Food Service Director

Dear Parent/Guardian:

Children need healthy meals to learn. St. John the Baptist School offers healthy meals every school day. Lunch costs **$2.50.** Your children may qualify for free meals or for reduced price meals. **Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive lunch meals snacks served through the Afterschool Snack Program at no charge.**

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Barbara Trybuskiewicz at 2028 Sandridge Rd., Alden, N.Y. 14004 (716)937-9483.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP, the Food Distribution Program on Indian Reservations** or **TANF**, can get free meals regardless of your income. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Households with children who are categorically eligible through an Other Source Categorically Eligible designation, as defined by law, may be eligible for free benefits and should contact the SFA for assistance in receiving benefits.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail (716) 937-9483 or **email** School.Office@**stjohnsalden**.org to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children may be approved as reduced price eligible if your household income is within the reduced-price limits on the Federal Eligibility Income Chart, shown on this letter. Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at (716)937-9483 if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for up to the first 30 operating days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a FREE/REDUCED PRICE MEAL application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: JONNA JOHNSON, PRINCIPAL AT 2028 SANDRIDGE RD. ALDEN, N.Y. 14004 (716)937-9483 JONNA.JOHNSON@STJOHNSALDEN.ORG.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

2022-2023 INCOME ELIGIBILITY GUIDELINES

REDUCED PRICE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$ 25,142	$ 2,096	$ 1,048	$ 967	$ 484
2	$ 33,874	$ 2,823	$ 1,412	$ 1,303	$ 652
3	$ 42,606	$ 3,551	$ 1,776	$ 1,639	$ 820
4	$ 51,338	$ 4,279	$ 2,140	$ 1,975	$ 988
5	$ 60,070	$ 5,006	$ 2,503	$ 2,311	$ 1,156
6	$ 68,802	$ 5,734	$ 2,867	$ 2,647	$ 1,324
7	$ 77,534	$ 6,462	$ 3,231	$ 2,983	$ 1,492
8	$ 86,266	$ 7,189	$ 3,595	$ 3,318	$ 1,659
*Each add'l person add	$ 8,732	$ 728	$ 364	$ 336	$ 168

How to Apply: To get free or reduced price meals for your children carefully complete one application following the instructions for your household and return it to the designated office listed on the application. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for any household member, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number or check the box if the adult does not have a social security number. **An application for free and reduced price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions.** Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application. No application is necessary if the household was notified by the SFA their children have been directly certified. If the household is not sure if their children have been directly certified, the household should contact the school.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year and up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first). You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Reduced Price Eligible Students: **Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.**

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or disability

Meal Service to Children with Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare professional. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical statement must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,

Barbara Trybuskiewicz
Food Service Director

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

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 USDA 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-0508-0002-508-11-28-17Fax2Mail.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:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to Barbara Trybuskiewicz, Food Service Director. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: (716)937-9483. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: 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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on 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 eligibility 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 them look into violations of program rules.

DISCRIMINATION COMPLAINTS

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 USDA 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-0508-0002-508-11-28-17Fax2Mail.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

1. **fax:** (833) 256-1665 or (202) 690-7442; or
2. **email:** program.intake@usda.gov

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FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Barbara Trybuskiewicz
Food Service Director
(716)937-9483

Date Withdrew_____ F____R____D____

2022-2023 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below.** Call (716)937-9483, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **St. John the Baptist School**
2028 Sandridge Rd.
Alden, N.Y. 14004

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).
List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions *Amount / How Often*	Child Support, Alimony *Amount / How Often*	Pensions, Retirement Payments *Amount / How Often*	Other Income, Social Security *Amount / How Often*	No Income
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX-__ __ __ __

I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get 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.
Signature: _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino
Race (Check one or more): ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____ **Date Notice Sent:** _____