

# SCHOOL DISTRICT OF LANCASTER

Drew Schenk  
Director of Operations  
251 S. Prince Street, 3<sup>rd</sup> Floor  
Lancaster, PA 17602-2452

Dear Parent/Guardian:

The School District of Lancaster is required to collect specific data for all households in its boundaries that have school-aged children. Attached is the ***Academic Support Data Collection Application***. It is important that a member of each household complete the application so that the District can collect this information.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Complete one Academic Support Data Collection 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.
2. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof.
3. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes.
4. **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). You must include yourself and all children living with you.
5. **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.
6. **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.
7. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of deployment and it wasn't received before deployment, combat pay is not counted as income.

If you have questions or need help, contact Enrollment at 717-291-6140 or District Administration at 717-299-2700.

Sincerely,



Drew Schenk

Rev. 5/5/23

[www.sdllancaster.org](http://www.sdllancaster.org)

# ACADEMIC SUPPORT DATA COLLECTION FAMILY APPLICATION

## PART 1. ALL HOUSEHOLD MEMBERS (FOR EACH FOSTER CHILD, USE A SEPARATE APPLICATION)

Enrolling Today	Names of all household members (First, Middle Initial, Last)	Indicate If Parent or Child	SNAP or TANF case number for any member of the household. If you list a case number, skip to Part 5	Name of School for Each Child	STUDENT ID #
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

## PART 2. HOMELESS, MIGRANT, OR A RUNAWAY

IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX

HOMELESS ☐

MIGRANT ☐

RUNAWAY ☐

## PART 3. FOSTER CHILD

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. ☐ Check if no income. Skip to Part 5.

## PART 4. TOTAL HOUSEHOLD GROSS INCOME. Amount earned before taxes & other deductions

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/bi-weekly	\$99.99/monthly	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____

## PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN, See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits associated with a socio-economic status, and I may be prosecuted.

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ☐ I do not have a Social Security

Print Name: \_\_\_\_\_ Sign Here: \_\_\_\_\_

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)***Choose one ethnicity:*

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

*Choose one or more (regardless of ethnicity):*

- ☐ Asian American
- ☐ American Indian or Alaska Native
- ☐ Black or African
- ☐ White
- ☐ Native Hawaiian or other Pacific Islander

---

**Privacy Act Statement: This explains how we will use the information you give us.**

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, your child(ren) may lose benefits associated with socio-economic status. You must include the social security number of the 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 a socio-economic status in accordance with USDA National School Lunch guidelines, 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.

---

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."