



# Yeshiva Derech HaTorah

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Chartered by the Regents of the University of the State of New York

**Rabbi Elimelech Chanales**

*Principal*

**Mr. Yehuda Goldstein**

*General Studies Principal*

**October 6, 2016**

**To All Parents:**

**The ESSA (Every Student Succeeds Act)** was recently reauthorized under the **NCLB (No Child Left Behind)** legislation of 2001. This Federal program provides students across the U.S. with entitlement aid programs.

For Yeshiva Derech HaTorah, these include:

**Title I** – supports improvement in education for many of our students by providing teachers for small group instruction.

**Title II A** – supports improving student academic performance by providing professional development and training to teachers and principals.

**Title III** – Provides LEP (Limited English Proficient) students support by supplying materials and training teachers to ensure that all students become fluent in English.

For now, as in the past, **Title (I, II, and III) eligibility is determined, in part, by a family's eligibility for Federal Lunch Subsidies.** Therefore, though we have discontinued the Federal Lunch Program at YDH, **we will still need you to complete the attached Lunch Application Form so that we continue to receive Title, I, IIA, and III school aid.** YDH depends on these funds which go directly to support student academics and which ultimately benefit all our students.

We request that **everyone fill out parts 1, 4, & 5** of the attached application **However, parts 2 and / or 3 are to be filled out only if they apply to you.** Upon completion of the application form, please return it to the **Financial Office ("Attention Mrs. Greenfield / Title I).**

**I assure you that all information will remain strictly confidential** and will be used exclusively to acquire federal funds as explained above. If you have any questions about how your lunch application helps support the yeshiva, feel free to contact me at **Extension 17 or email me at [ygoldstein@ydh.org](mailto:ygoldstein@ydh.org).** If you need help completing the form, please call Mrs. Greenfield at **Extension 11** `1

I thank you in advance for taking the time out of a busy schedule to complete & return the attached form and in so doing, helping to support our academic program for all our students.

I remain gratefully yours and wish all a Gmar Chatimah Tovah,

Mr. Y. Goldstein

Principal, G.S.

Date Withdrew \_\_\_\_\_

Attachment Va F \_\_\_ R \_\_\_ D \_\_\_

**2016-2017 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 (name/school). Call (phone number), if you need help. Additional names may be listed on a separate paper.

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

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<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. 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 <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS#

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of 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:  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: \_\_\_\_\_