**Ku codso onlaayn:** GALI URL KA DUGSIGA/DEGMADA HALKAN

Codsigan waxaa laga yaabaa inuu kaa dhigo qof u qalma : manfacyada cuntada, manfacyada EBT ee la qaato xagaaga (haddii aad ka diiwaangashan tahay dugsiga NSLP/SBP), barnaamijyada iyo waxqabadyada kale ee la dhimay kharashkooda, iyo/ama kaalmada loogu helo maalgelinta degmadaada. Haddii ilmahaaga (caruurtaada) laga diwaangeliyay dugsi bixiyo Community Eligibility Provision (Barnaamijka Cuntooyinka Bilaashka ah lagaga bixiyo Dugsiyada, CEP) ama Provision 2, buuxinta arjigan wax saameyn ah kuma yeelanayso u qalmitaankaaga inaad hesho cunto lacag la'an ah.

**Dhameystir, saxiix, oo kusoo celi codsigan:** GALI CIWAANKA CODSIGA OO DHAMEYSTIRAN HALKAN

**Hubi halkan haddii aad heshay manfacyada cuntooyinka sanadkii hore: [ ]**

1. Qor **dhammaan ardayda** kula nool oona dhigta dugsi. Haddii ardayga uu daryeelo qof aan waalidkii ahayn, uuna wajahayo guri la'aan, ama uu qaato adeegyada waxbarashada ee la siiyo dad soogolootiga ah, ku muuji midan adigoo ku qorayo "x" sanduuqa ku haboon. Ku dar dakhli gaara oo kasta oo aad ka heshay ardeyga oo ku calaamadi "x" sanduuqa saxda ah sida badanka loo helo. **[ ]  Dadka Soogalootiga ee [ ]  Guri la'aanta ah**

| Magaca ugu Danbeeya ee Ardeyga | Magaca Koobaad ee Ardeyga | MI | La Koriyo  | Taariikhda Dhalashada | Dugsiga | Fasalka | Dakhliga Ardayga | Todobaadle | Si Todobaadle ah | 2 X Bilood | Bilaha |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |     | **[ ]**  |       |       |       | $      | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
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1. **Haddii Xubin ka tirsan Qoyska (oo aad ku jirtid) hada ka qeybgalyso mid ama wax ka badan barnaamijyada caawimada soo socda, fadlan qor lambarka kiiska. Haday tahay maya, eeg Talaabada 3.**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Basic Food (Cuntada Asaasiga ah) | [ ]  TANF | [ ]  Food Distribution Program on Indian Reservations (Barnaamijka Qeybinta Cuntada ee Kaydka Hindida, FDIPR) | Lambarka Kiiska: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Qor magacyada dhamaan xubnaha qoyska - Gali dakhliga (oo doolar ah) oo HUBI sida loo helo badanka. Haddii xubin qoyska ka tirsan aysan helin dakhli, ku qor 0. Haddii aad geliso 0 ama aad uga tagto qaybta dakhliga ayadoo banaan, waxaad balanqaadaysaa inuusan jirin wax dakhli ah oo ay tahay in la sheego.**

| **Magacyada DHAMAAN xubnaha kale ee qoyska**(haku darin ardeyda sare lagu xusay) | La Koriyo | Dakhliga shaqada(intaanan waxba laga jarin kahor) | Todobaadle | Si Todobaadle ah | 2 X Bilood | Bilaha | Kaalmada Dawlada/ Masruufka Ilmaha/ Masruufka xaaska la siiyo | Todobaadle | Si Todobaadle ah | 2 X Bilood | Bilaha | Banshanka/ Hawlgabka/ Adeega Bulshada (SSI) | Todobaadle | Si Todobaadle ah | 2 X Bilood | Bilaha | Wixii Dakhli kale ah oo aan Wali Meesha Lagu Qorin | Todobaadle | Si Todobaadle ah | 2 X Bilood | Bilaha |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. **Wadarta Xubnaha Qoyska (waxaa ku jira dadka ku nool gurigaaga):**       **Afarta Jiifar ee u danbeeya Lambarka Sooshiyaal Sekiyuuritiga (SSN)**
Sax haddii aadan haysanin SSN: [ ]

(wadarta la qoray waa inay la mid ahaadaan xubnaha qoyska ee kor lagu taxay) **Qofka Qoyska u soo shaqeeya ama Xubin Kale oo Qoyska ka tirsan** (*Khasab maahan haddii aad codsanayso EBT la bixiyo xilliga xagaaga)*

1. **Macluumaadka Xiriirka & Saxeexa** – **Dhameystir, saxiix, oo kusoo celi codsigan:**

Waxaan caddeeyey (ballan qaaday) in dhammaan macluumaadka ku qoran codsigan ay run yihiin, dhammaan dakhliga la soo sheegay, iyo in qoyskaygu aanu ka helin manfacyada EBT ee la bixiyay xagaaga Urur kale oo Gobolka ka socda ama Qabaa'ilka Hindida ah (haddii ay khuseyso). Waxaan fahamsanahay in macluumaadkan la bixiyay iyadoo la xiriirta helitaanka manfacyada federaalka ama gobolka iyo in saraakiisha dugsigu ay xaqiijin karaan (hubi) macluumaadka. Waxaan ka warqabaa in haddii si kas aan u bixiyo macluumaad been abuur ah, caruurtayda waxaa laga yaabaa inay dhumiyaan manfacyadan, iyo in laygu maxkmadayn karo sharciyada gobalka iyo kan federaalka ee quseeya.

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ku qor far waaweyn Magaca Xubin Qof weyn ah oo Qoyska ka tirsan** | **Saxeexa xubin qaan gaadh ah oo qoyska ka tirsan** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ciwaanka Iimaylka** |
| --- | --- | --- |

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ciwaanka Boostada** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Magaalada, Gobolka & Furaha** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Tilifoonka Maalintii** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Taariikhda** |
| --- | --- | --- | --- |

1. **Aqoonsiga Isirka iyo Jinsiga Caruurta** (**Ikhtiyaara) – Waxa la inooga baahan yahay inaan weydiino macluumaadka khuseeya isirka iyo jinsiga cunuga(caruurta). Macluumaadkani waa muhiim wuxuuna caawiyaa inaan hubino in aan si buuxda ugu adeegayno bulshadeena. Ka jawaabista qeybtani waa ikhtiyaar mana saameynayso ku haboonaanshaha caruurtaada ee cuntooyinka bilaashka ah & qiimaha jaban.**

Calaamadi mid ama inkabadan aqoonsiga isirka: [ ]  Mareykanka Hindi ama u dhashay Alaska [ ]  Eeshiyaan Calaamadi mid jinsiga ah:

[ ]  Mareykan Madow, ama Afrikaana [ ]  Udhashay Hawaiian Jasiirada Pacific Islander [ ]  Hispanic ama Latino

[ ]  Cadaan [ ]  Maaha Hispanic ama Latino

**U qalmida Nafaqada Ilmaha**: Sharciga Richard B. Russell National School waxay u baahan tahay macluumaadka ku qoran arjigan Maaha inaad bixisid macluumaadka, lakii haddii aanad bixin, ma ansixin karno ka cunugaaga cuntooyinkiisa bilaashka ama qiimaha jaban ah. Waa inaad ku dartaa afarta god ee u danbeeyey ee lambarka adeega bulshada ee xubinta qoyska u weyn ee saxeexa codsiga. Afarta god ee u danbeeya lambarka adeega bulshada looma baahna marka aad codsaneysid adoo matalaya cunuga daryeelka ku jira ama aad qortid Supplemental Nutrition Assistance Program (Barnaamijka Caawimada Nafaqada Kabka) ah (Basic Food (Cuntada Asaasiga)), Temporary Assistance for Needy Families (Caawimada Ku Meel-gaarka ah ee Barnaamijka Qoysaska Baahan, TANF) Program or Food Distribution Program on Indian Reservations (Barnaamijka Cuntada ee Bulshooyinka Maraykanka Dhaladka) ah ee lambarka kiiska Kaydka Hindiyaanka (FDPIR) ama aqoonsade FDPIR ee cunugaaga markaad tilmaamtid in xubinta qoyska u weyn ee saxiixaya codsigu ma leh lambarka adeega bulshada. Waxaanu u isticmaali doonaa macluumaadka inaan ku go'amino haddii ka cunugaagu ku haboon yahay cuntooyin bilaasha ama qiimo jaban, iyo maamulka iyo hirgalinta barnaamijyada qadada iyo quraacda. Waxaanu LA wadaagi karnaa macluumaadkaaga ku haboonaansha barnaamijyada waxbarashada, caafimaadka, iyo nafaqada si uga caawiso qiimeynta, maalgalinta, ama go'aaminta kabka barnaamijyada, baadhayaasha dibu eegista barnaamijyada dibu eegista, iyo masuuliyiinta sharci fulinta si ay uga caawiso fiirinta shuruuc jabinta barnaamijka.

Marka la raacayo sharciyada xuquuqda madaniga ah ee federaalka iyo U.S. Department of Agriculture (Waaxda Beeraha ee Mareykanka ama, USDA) xafiiskan waxaa mamnuuc ka ah in ay dad ku takooraan wax ku saleysan isir, midab, asalkii hore, da', ama jismi (sida jinsiga uu qof isu aqoonsan yahay naftiisa iyo dookha lammanaha), naafanimo, da', aargoosi ama aargoosasho la xiriirta arrin xuquuq madani ah oo hore.

Macluumaadka barnaamijka waxaa laga yaabaa in lagu diyaariyo luuqado aan Ingiriisi ahayn. Dadka naafada ah ee u baahan qaab ka gadisansida loola xiriiro dad aan naafada ahayn si ay u helaan macluumaadka barnaamijka (tusaale, Qormada dadka indhoolaha ah, cajalad maqal ah, Luqadda Ishaarada ee lagula hadlo dadka dhagoolaha), waa inay la xiriiraan hay'ad masuul ah oo ka socota gobolka ama deegaankaaga oona maamusha barnaamijka ama ka wac Xarunta BARTILMAAMEED ee USDA (202) 720- 2600 (cod iyo TTY) ama kala xidhiidh USDA iyada oo loo marayo Federal Relay Service (800) 877-8339.

Si u xaraysato cabasho ka dhan ah takoorka barnaamijka, Qofka soo gudbinaya cabashada waa inuu buuxiyaa foomka AD-3027, Foomka Program Discrimination Complaint (Barnaamijka Cuntooyinka Bilaashka ah lagaga bixiyo Dugsiyada) ee USDA kaas oo laga heli karo onlayn barta: [https://www.usda.gov/sites/default/files/documents/ad-3027.pdf](https://www.usda.gov/sites/default/files/documents/ad-3027.pdf%22%20%5Ct%20%22_blank), xafiis kasta oo ay leedahay USDA, adigoo wacaya (866) 632-9992, ama u qorayo USDA warqad ciwaan leh. Waraaqda waa in ay ku qoran yihiin magaca qofka cabanaya, cinwaan, taleefan, oo waa in lagu faahfaahiyo ficilka takooridda ah ee la isku eedeynayo si loogu wargeliyo Assistant Secretary for Civil Rights (Kaaliyaha Xoghayaha Xuquuqda Madaniga ama ASCR) nooca iyo taariikhda uu dhacay xadgudubka xuquuqda madaniga ah ee la isku eedeynayo. Foomka AD-3027 ama warqada la buuxiyay waa in loo gudbiyaa USDA.

1. **Boostada:**

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; ama

1. **faakiska:**

(833) 256-1665 ama (202) 690-7442; ama

1. **iimaylka:**

Program.Intake@usda.gov

Fursadaha xafiiskan waa kuwa ay dadku u siman yihiin.

GALI MAGACA DEGMADA Bayaanka Takoor La'aanta ee Dugsiga Degmada

| **SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE (ISTICMAAL DUGSI KALIYA – HAKU QORIN KHADKAN HOOSE)** |
| --- |
| 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[ ]  | Annual[ ]  |
| **APPLICATION APPROVED FOR:** [ ]  Free Eligible[ ]  Reduced-Price Eligible | **APPLICATION DENIED BECAUSE:** [ ]  Income Over Allowed Amount [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Incomplete/Missing Information |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Notice Sent Signature of Approving Official Date