



**LA FERIA INDEPENDENT SCHOOL DISTRICT
CHILD NUTRITION PROGRAM 2023-2024**

AFTERSCHOOL MEAL PROGRAM APPLICATION

PLEASE PRINT

School Name: _____

Program Name: _____

Type of Educational or Enrichment Activity:

- ACE TUTORING OTHER

*Educational or Enrichment Activity must be provided to students in an organized, structured, and supervised environment. Site activities must be distinct from extracurricular programs and organized primarily for scholastic purposes.

DATES OF OPERATION

Months of Operation:

- Aug Sept Oct. Nov. Dec Jan. Feb. Mar. Apr. May

Days of Operation:

- Monday - Friday Tuesday & Thursday (only)
 Monday Tuesday Wednesday Thursday Friday

MEAL SERVICE (Meal Service must begin AFTER the Last Bell rings.)

Estimated Daily Participation: _____ Start Date: _____ End Date: _____

Last Bell Rings at: _____

Start time of meal service: _____ End Time of Meal Service: _____

CONTACT PERSON - Program Coordinator

First Name: _____	Last Name: _____
Title/ Position: _____	Email Address: _____
Phone Number/ Extension: _____	District Cell Phone: _____

CERTIFICATION

I hereby agree to comply with all State and Federal Laws and regulations governing the Child Nutrition Programs administered by the Texas Department of Agriculture. In accordance with Federal Law and U.S. Department of Agriculture policy, this Contracting Entity does not discriminate on the basis of race, color, national origin, sex, age or disability.

SIGNATURE - PROGRAM COORDINATOR PRINTED NAME DATE

Application Forms must be submitted to Cafeteria Manager 2 WEEKS prior to starting the program.

Questions? Contact Food Service Director: Cynthia.Casas@laferiaisd.org OFFICE: 956-797-8570

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: pro-gram.intake@usda.gov.