

## Shoreline School District 412

### CODSIGA QOYSKA EE RAASHINKA QIIMAHA JABAN EE Sanad Dugsiyeedka 2009-2010

Sida aad u codsatid raashinka qiimaha-jaban ama bilaashka ah ee caruurtaada, buuxi codsigaan, magacaagana ku saxiix kuna soo celi iskuulka. Caawino fadkan wac iskuulka caruurtaada weydiina in aay kaa caawiyaan codsiga ah raashinka qiimaha jaban ama bilaashka ah (206) 361-4209.

QEYBTA 1AAD ISKUULKA CARUURTA (U isticmaal codsiga kale ilmaha kasta oo aad korisay)			
Magacayada dhamaan caruurta ee iskuulka ku jira (Magaca hore, Ka dhexe, Xaraf ugu horeeya magaciisa, iyo kan dambe)	Magaca Iskuulka	Fasalka	Kiis # SNAP* ama TANF # (hadduu jiro). <b>U bood Qaybta 5 haddii aad qortay kiis # SNAP* ama TANF</b>

**QEYBTA 2AAD** Haddii ilmaha aad wax u dalbanaysaa yahay bilaa guri, socoto, ama baxsi, buuxi sanduuqa haboon oo wac \_\_\_\_\_ (your school, homeless liaison, migrant coordinator) kana wac

Dibjirka       Soo galootiga       Baxsadyada

**QEYBTA 3AAD CARUURTA LA KORIYO**  
Haddii codsigaani ku khuseeyo yaa sharciyan ka mas'uul ah hay'ada mise maxkamadda, sax sanduuqan  Markaana qor dakhliga caruurta ku baxa bil kasta: \$ \_\_\_\_\_. U gudub Qeybta 5.

QEYBTA 4AAD TIRADA INTA DAKHLIGA INTA GURIGA KU DHAQAN - waa in aad noo sheegtaa ay dhan tahay iyo xiliga					
1. Magacyada xubnaha guriga ka tirsan (qor qof kasta oo ka tirsan guriga)	2. Dakhliga ku soo gala in intee le'eg Tusaale: \$100/bil kasta    \$100/labo jeer bishii    \$100/labadii todobaad hal mar    \$100/todobaad kasta				3. Sax haddii UUSAN jirin dakhli
	Lacagta aad shaqa ka qaadata intaan waxba laga jarin	Waxtarka, caawinada ilmaha, lacagta xaaska lafurey la siiyo	Howl-gab, la casilay, Social Security	Dhammaan dakhliyada kale	
Tusaale: Jane Smith	\$200/todobaad kasta	\$150/todobaad kasta	\$100/bil kasta	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**QEYBTA 5AAD SAXIIXA IYO SOCIAL SECURITY NAMBARKA (Qaangaarku waa inuu saxiixaa)**

Qof kasta oo qaangaar ah oo ka tirsan guriga waa inuu saxiixaa codsiga. Haddii la buuxiyay qeybta 4, qaangaarka saxiixay foomka waa in uu qoraa Nambarka Social Security ama saxaa qeybta ah "Ma haysto Social Security Nambarka" Sanduuqa. (Fiiri Bayaan godobka ah kali ahaansha gadaasha bogan.)

Waxaan cadeenayaa (balan qaadayaa) warbixintan ku qoran codsiga ay tahay mid run ah dhamaan riiboodka dakhliga. Waxaan fahan sanahay in uu iskuulku heleyo dakhli dowl ah ku saabsan warbixinta aan diibay. Waxaan fahan sanahay in ay kala (guraan) warbixinta. Waxaan fahan sanahay haddii aan si ulakac ah aan bxiyay warbixin aan jirin, in caruurtaadu waayi karaan waxtarka rashinka, aniga sharci lay taagsan karo.

KU DAABAC MAGACA QAANGAARKA KA TIRSAN GURIGA	CINWAANKA WARQADAH	TALEEFANKA NAMBARKA GURIGA ( )
NAMBARKA SOCIAL SECURITY	MAGAALADA IYO ZIP KODHKA	TALEEFANKA NAMBARKA SHAQADA ( )

Ma haysto Nambarka Social Security.  
Fadlan saxiix halkan: X \_\_\_\_\_ Saxiixa Qaangaarka guriga ku nool \_\_\_\_\_ Taariikh \_\_\_\_\_

**QEYBTA 6AAD CALAAMADDA SINJIYADA CARUURTA IYO MIDBAKA (ikhtiyaar)**

<u>Sax mid ama in badan calaamadaha asal iinsiyadeedka:</u> <input type="checkbox"/> Eeshiyaan <input type="checkbox"/> Caddaan <input type="checkbox"/> Madoow ama Afrikaan Mareykan ah	<input type="checkbox"/> Hindiyaam Mareykan ah ama Alaskaan Dhalad ah <input type="checkbox"/> Hawaayaan ama Qof kale oo ka yimid Jasiiradaha Baasifigga <input type="checkbox"/> Qoomiyad Kale _____	<u>Sax mid calaamadaha asal iinsiyeedka:</u> <input type="checkbox"/> Iska dhalka Laatiini ah <input type="checkbox"/> Ama hayti Iska dhalka ama Laatiini
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**Shoreline School District 412**

Caruurtaadu waxay u qalmi karaan raashin qiima jaban ama bilaash ah haddii qoyskaaga Dakhligiisu ku siman yahay xaddiyada ku liis gareysan shaxdaan.

Shaxda Dakhliga Dowliga ah			
Cuntada Qiimaha jaban			
Oo dhaqan geli doonta laga bilaabo bisha			
July 1, 2009 ilaa Bisha Juun 30, 2010			
Xubnaha Qoysku			
Intay Yihiin	Sanadkiiba	Bil kasta	Asbuuc kasta
1	\$20,036	\$1,670	\$386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Mid kastoo xubin Dheeraad ah ku dar n:	+6,919	+577	+134

Shaxda Dakhliga Dowliga ah			
Cuntada Bilaashka ah			
Oo dhaqan geli doonta laga bilaabo bisha			
July 1, 2009 ilaa Bisha Juun 30, 2010			
Xubnaha Qoysku			
Intay Yihiin	Sanadkiiba	Bil kasta	Asbuuc kasta
1	\$14,079	\$1,174	\$271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
Mid kastoo xubin Dheeraad ah ku dar n:	+4,862	+406	+94

\*SNAP: Barnaamijka Kaabka Taageerada Nafaqada (Supplemental Nutrition Assistance Program (SNAP)) (oo horay loogu yaqaanay Barnaamijka Food Stamp)

**Bayaanaka Xeerka Asturnaanta:** Tani waxay sharxaysaa sida aan u isticmaali doono macluumaadka aad na siiso.

Sharciga Qaranka ee Qadada Dugsiga ee Richard B. Russell ayaa raba macluumaadka codsigan. Manaahan inaad bixiso macluumaadka, laakiin haddii aad bixin weydo, uma ogolaan karno ilmahaaga cunto bilaasha ah ama qiimaheedu la jabiyay. Waa inaad ku soo dartaa lambarka sooshiyal Sekuyuuratiga ee qofka weyn ee xubinta qoyska ah ee saxeexaya codsiga. Sooshiyal sekuyuurati looma baahna marka aad u dalbanayso ilmo aad korinayso "foster child" ama aad liis gareysatid Barnaamijka Taageerada Kabista Nafaqada (Supplemental Nutrition Assistance Program (SNAP)), Barnaamijka Taageerada Ku-meel gaadhka ah ee Qoysaska Baahan (Temporary Assistance for Needy Families (TANF)) ama kiis lambarka Barnaamijka Qaybinta Cuntada ee Xerada Hindida (Food Distribution Program on Indian Reservations (FDPIR)) ama aqoonsi kale oo ilmahaagu ku jiro ama marka aad sheegto in xubinta qoyska ee saxeexaya codsiga aanu haysan lambar sooshiyal sekuyuurati. Waxaan isticmaali doonaa macluumaadkaaga si aan u garano haddii ilmahaagu u qalmo cunto bilaasha ama lacag dhiman, iyo maamulka iyo xoojinta barnaamijka quraacda iyo qadada. Waxaa laga YAABAA inaan la wadagno macluumaadka u qalmanaantaada barnaamijyada waxbarashada, caafimaadka iyo nafaqaynta si aan uga gargaano qiimaynta, maalgelinta, ama qeexitaanka faa'iidada barnaamijyada, hantidhawrayaasha fiirinaya barnaamijka, iyo saraakiisha xoojinta sharciga si looga gargaaro fiirinta gefafka sharciyada barnaamijka.

**Bayaanaka Takoor La'aanta:** Tani waxay sharxaysaa waxaad smaynayso haddii laguula dhaqmo si aan xaq ahayn.

Waxda Beeraha ee Maraykanka (U.S. Department of Agriculture (USDA)) waxay ka mamnuucday dhammaan barnaamijyadeeda iyo hawlaheeda takoor, ku salaysan jinsiyad, midab, qoomiyad, da', naafonimo, iyo meesha ay ku habboon tahay, sinji, guur ahaan, heer qoys, heer waalidnimo, diin, doorbid galmo, macluumaad hidde, aaminsanaan siyadeed, aargudasho, ama sabab dhammaan ama qayb ahaan dakhliga qofka oo ka yimaada barnaamij taageero dadweyne. (Kuma wada dabaqna arrimuhu dhammaan barnaamijyada.) dadka naafada ah ee u baahan qaab kale oo ay ku helaan xidhiidhka barnaamijka (farta indhoolaha, far waaweyn, cajalado iwm.) waa inay la xidhiidhaan Xarunta TARGET ee USDA (202) 720-2600 (Cod iyo TDD). Si aad u fayl gareysatid cabasho takoor u qor USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 202250-9410 ama wac 1-800-795-3272 (cod) ama (202) 720-6382 (TDD). USDA waa loo-shaqeeye iyo adeeg bixiye furasadihiisa loo siman yahay.

**ISTICMAALKA ISKUULKA OO KELIYA - WAXBA HAKU QORIN LAYNKAAN WAX KA HOOSE**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Household Income \$ \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Total Household Size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_

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

Eligibility:  Free  Reduced  Denied  Reason: \_\_\_\_\_

Temporary:  Free  Reduced  Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_