



# Food & Nutrition News

Lake Washington School District

August 2010



Once again, the Lake Washington School District in partnership with Sodexo will be serving breakfast and lunch in the district's schools.

Elementary and Secondary students continue to have a wonderful array of entrees and side-dishes from which to choose daily. Elementary schools offer the "Kid's Way Café". Students at the Junior Highs will be able to recharge at the "Energy Download Zone" (E.D.Z.). High School students choose from great tasting foods in the "Crossroads Café".

Students can choose from many different entrées each day. Along with the main entrée, a full lunch features a variety of fresh fruits and vegetables including at least 3 types of fruit, 3 types of vegetables along with bread items, protein choice, rice, condiments and the occasional dessert. Milk is also included with every meal. *A full lunch must include at a minimum, one entrée plus one other item.*

**TWO OTHER GREAT BENEFITS AVAILABLE** to students approved for reduced price meals:

- All Reduced Breakfasts are FREE! For grades K - 12, "No Charge"
- In Grades K through 3rd grade - Reduced Lunches are FREE!
- For grades 4 through 12 the cost is .40¢

*It is important to the Lake Washington School District that our students receive high quality, nutritious meals with friendly service at a good value.*

2010/2011 Meal Prices				
	Elementary	Junior High	Senior High	Adult
Paid Lunch	\$2.25	\$2.50	\$2.50	\$3.00
Reduced Lunch	K-3 \$0.00	\$0.40	\$0.40	N/A
	4-6 \$0.40			
Paid Breakfast	\$1.00	\$1.35	\$1.35	\$1.40
Reduced Break-	\$0.00	\$0.00	\$0.00	N/A
Milk	\$0.50	\$0.50	\$0.50	\$0.50

### In This Issue:

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- Free or Reduced Price
- Meal Application Form
- Pre-Pay Information
- Come work with us!
- Breakfast Information
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### Dietary Guidelines

- ✓ Eat a variety of foods
- ✓ Maintain healthy weight
- ✓ Choose a diet low in fat, saturated fat, and cholesterol.
- ✓ Choose a diet with plenty of vegetables, fruits, and grain products



## ~Prepay is the Easy Way~

*Pre-payments to student accounts can be made by the following methods:*

- Cash or checks payable to Lake Washington School District can be sent to school.
- Visa-MasterCard deposits are available by calling the Food Service office at numbers below
- Information is attached to set up automatic monthly deposits to your student's account.
- On line prepayments are available; information is obtained by phoning the Food Service Office at numbers below or by accessing the Lake Washington School District webpage at "www.lwsd.org" then click on the "parent" tab, then click on "new user" and follow instructions on the screen.

Food Service Office: 425-936-1393 or 425-702-3393

You can save up to \$555.00 each year on school meals for each student. Just fill out the Free and Reduced Price Meal Application Form attached to this newsletter. Only ONE application for the whole family! Please take the completed form to your school office. Extra forms are also available at every school. It only takes a few minutes to complete, but the benefits of nutritious, freshly prepared Full Meals last all year!



**SAVE MONEY**



# Suggested Pre-Pay Amounts

All students in Lake Washington Schools can pre-pay on their accounts: *suggested amounts* are: 22.50 for two weeks [10-meals] or \$45.00 for four weeks [20-meals]. Pre-payment of school meals makes lunch lines go much faster. Pre-payments will also be available on line.

Elementary students have a plastic meal card assigned to them with their name and bar code. Meal cards will always be kept in the cafeteria and will be distributed to students at lunch time. Students will proceed to the card holder, find their card, drop it in either the "lunch" or "milk only" container, and then through the service area to choose their meal. Student accounts are on a debit system as opposed to a credit system. Therefore all accounts must be prepaid. Lake Washington School District policy is 2 lunches on credit, then a partial lunch may be given.

Secondary students will have a numeric bar code on their student ID card. Meal lines move fastest when students have their ID card available for the lunchroom cashier to scan. Therefore student ID cards are required at the time of meal purchase. Student accounts are on a debit system as opposed to a credit system. All accounts must be prepaid.

*All Lake Washington Schools have an electronic meal card system, so students use prepaid accounts for breakfast or lunch!*





**Paid Breakfast:** Elementary \$1.00 Secondary \$1.35  
**Paid Lunch:** Elementary \$2.25 Secondary \$2.50



## JOIN US FOR SCHOOL BREAKFAST

Schools Serving Breakfast: Bell, Einstein, Frost, Juanita, Keller, Muir, Redmond, Rose Hill, Twain

### September Breakfast Menu

 		1 Pancakes or Choices of Cereal Fruit Juice or Milk	2 Waffles or Choices of Cereal Fruit Juice or Milk	3 Blueberry Muffin or Choices of Cereal Fruit Juice or Milk
6 No School Labor Day	7 Bagel with Cream Cheese or Choices of Cereal Fruit Juice or Milk	8 Pancakes or Choices of Cereal Fruit Juice or Milk	9 Cinnamon Roll or Choices of Cereal Fruit Juice or Milk	10 Hot Ham & Cheese on a Bun or Choices of Cereal Fruit Juice or Milk
13 Bagel with Cream Cheese or Choices of Cereal Fruit Juice or Milk	14 Whole Grain Cereal Bar or Choices of Cereal Fruit Juice or Milk	15 Cinnamon Roll or Choices of Cereal Fruit Juice or Milk	16 French Toast or Choices of Cereal Fruit Juice or Milk	17 Italian Wheel or Choices of Cereal Fruit Juice or Milk
20 Omelet or Choices of Cereal Fruit Juice or Milk	21 Pizza Wheel or Choices of Cereal Fruit Juice or Milk	22 Blueberry Muffin or Choices of Cereal Fruit Juice or Milk	23 Pancakes or Choices of Cereal Fruit Juice or Milk	24 Hot Ham & Cheese on a Bun or Choices of Cereal Fruit Juice or Milk
27 Bagel with Cream Cheese or Choices of Cereal Fruit Juice or Milk	28 Omelet or Choices of Cereal Fruit Juice or Milk	29 Hot Ham & Cheese on a Bun or Choices of Cereal Fruit Juice or Milk	30 Waffles or Choices of Cereal Fruit Juice or Milk	

Breakfast is served every school day before classes begin in the morning. Breakfast consists of a variety of nutritious menu choices [see menu above] including hot entrees, fresh baked goods and cereals. Also included with breakfast is a variety of fruits, juices and milk for students to select.

\*Free or reduced price available to those who qualify. For qualification information contact the school office.

#### BREAKFAST PRICES:

FULL PRICE \$1.00

REDUCED PRICE .00\*

FREE BREAKFASTS .00\*

\*(For those who qualify or Application attached)

## Employment Opportunities

Sodexo in Lake Washington Schools is currently accepting applications for substitute, part time, and full time Food Service Worker Positions. Applications may be obtained at any Lake Washington School Cafeteria or at the Support Service Center Food Service Office in Redmond, 15130 NE 95th Street, Redmond, WA 98052.

Phone: 425-936-1393 or 425-702-3393



What a great way to earn wages  
while children are in school!



## AUTOMATIC WITHDRAWAL SYSTEM FOR SCHOOL MEAL PROGRAM

Lake Washington School District offers the option of a set monthly deposit for your child's meal account. Here are some advantages of this program:



### **No worries of monthly deposits, here's why:**

- **No** need to call in money each month.
- **No** need to give out private credit card information over the phone.
- **No** need to send check with your child.
- Money may **automatically** be split between siblings



### **FAQ:**



**1. How does this program work?** *The company used for this program is ACH (Automatic Clearing House). With your approval, ACH will debit either your checking or savings account. This works the same way as any other withdrawal or check.*

**2. What happens if my account has insufficient funds?** *The bank will notify the school district if you have insufficient funds. You will be charged a processing fee of \$10.00 for each NSF transaction. This is the amount the bank charges Lake Washington School District.*

**3. Can more than one parent or guardian make deposits to one child's meal account?** *Yes, each parent/guardian will need to fill out an ACH authorization form and indicate the amount they wish to deposit each month.*

**4. How much can I deposit each month?** *The monthly amount is entirely up to you. It may be helpful to research what your student purchases on a day to day basis. You may contact the Food Service office or the school site for this information.*

**5. What if my child stops using the lunch program?** *You may withdraw from the program anytime. When the district receives notification of your cancellation, a refund can be requested and a check will be issued and mailed to address requested.*

**6. What happens if I am unable to continue with the payments?** *You may either discontinue the program, and/or you may apply for free or reduced price lunch benefits at anytime during the school year. Forms are available at your child's school.*

**If you have more questions please call the Food Service office at**

*\*See Agreement Form on Reverse*

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
For Breakfast and Lunch Accounts  
(ACH WITHDRAWALS)**

Name \_\_\_\_\_  
(Please Print)

I (we) hereby authorize the Lake Washington School District #414 to initiate debit entries from my (our) ( ) Checking or ( ) Savings account (select one) indicated below. This debit will be for my child/ children's monthly meal payment. **Funds will be removed from the bank on or about the 4<sup>th</sup> of the month and be in the student's account on or about the 6<sup>th</sup> calendar day of each month, September through June.** \* I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

*\*Agreements received after the 3<sup>rd</sup> of the month will be initiated the following month*

**Required information:**

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until written notification of change or termination is received by the Lake Washington School District. Information can be e-mailed to [FoodService@lwsd.org](mailto:FoodService@lwsd.org) or call our office at 425-936-1393 or 425-702-3393.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

◆ Please fill out all information in the area below. So we can assure accuracy, please list each **Child using the name they are enrolled under**, please no nicknames & if they are enrolled under a different first or last name we will need that information.

Child's First Name	Child's Last Name	Amount per Child	School Attending:

**Total Amount Withdrawn each Month: \$** \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**

*Please mail form with Voided Check to:*

LWSD Food Service  
P.O. Box 97039  
Redmond, WA 98073-9739

**2010-11**  
**Letter to Households**  
**National School Lunch Program/School Breakfast Program**

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3<sup>rd</sup> grade. All other students (preschool and 4<sup>th</sup> – 12<sup>th</sup> grades) will be charged the rate shown below.

Grade Level	REGULAR			REDUCED-PRICE			
	Breakfast	Lunch	Snack	Breakfast	Lunch		Snack
					K-3	All Other Students	
K-3	\$ 1.00	\$ 2.25	\$ n/a	\$ .00	\$ .00	\$ .00	\$ n/a
4 <sup>th</sup> - 6 <sup>th</sup>	\$ 1.00	\$ 2.25	\$ n/a	\$ .00	\$ .00	\$ .40	\$ n/a
7 <sup>th</sup> - 12 <sup>th</sup>	\$ 1.35	\$ 2.50	\$ n/a	\$ .00	\$ .00	\$ .40	\$ n/a

**WHO SHOULD FILL OUT AN APPLICATION?**

Fill out the application if:

- total household income is the **SAME** or **LESS** than the amount on the chart
- you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- you are applying for a foster child

Turn in the application to your child's school or to the district office: LWSD Free & Reduced Meals Program, 16250 NE 74<sup>th</sup> ST., Redmond, WA. 98052 . Be sure to submit **ONLY ONE** application per household. We will notify you if the application is approved or denied.

**WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?**

Look at the income chart below\*. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children **MAY** be eligible for free and reduced-price meals regardless of your income. Each foster child needs their own application. If you have questions about applying for meal benefits for foster children, please contact us at 425-936-1261 (Sara Tramp).

<b>INCOME CHART</b> Effective from July 1, 2009 until further notice.					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each Additional member add:	+6,919	+577	+289	+267	+134

**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Do not include foster children.

**HOUSEHOLD INCOME** is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income.

\*These are 2009-2010 Income Guidelines and are subject to change.

**WHAT MUST BE ON THE APPLICATION?**

**For households not getting any assistance:**

- Child's name
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number)

Complete Parts 1, 2, 3, and 5. Part 6 and 7 are optional.

**For a foster child:** (one per application)

- Child's name
  - Child's personal use income
  - Adult household member's signature
- Complete Part 4 and 5. Parts 6 and 7 are optional.

**For a family getting Basic Food/TANF/FDPIR:**

- Child's name
  - Basic Food, TANF, or FDPIR case number
  - Adult household member's signature
- Complete Parts 1 and 5. Parts 6 and 7 are optional.

## DON'T MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?

Children on TANF or Basic Food may get free meals without the household having to complete an application. These children are identified by the school using a data matching process. TANF and Basic Food staff at the Department of Social and Health Services (DSHS) send a list of children on these programs to the Office of Superintendent of Public Instruction (OSPI). OSPI matches the children on this list to our list of enrolled students that your child's school has reported to us. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and aren't.

If you do not want your child to participate in the free meal programs using this method, please notify the school.

## IF ANYONE IN MY HOUSEHOLD HAS A CASE NUMBER, WILL ALL CHILDREN QUALIFY FOR FREE MEALS?

Yes. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

## BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. You may qualify for Basic Food even if you do not qualify for Free or Reduced-Price lunch because Basic Food eligibility goes up to 200 percent of the Federal Poverty Level, whereas the National School Lunch Program stops at 185 percent. And, if you qualify for reduced-price lunch, you should apply for Basic Food because your children may be automatically eligible for free meals at school. There are other benefits too. You can learn about Basic Food by calling 1-877-514-FOOD or by logging on to [http://www.foodhelp.wa.gov/basic\\_food.htm](http://www.foodhelp.wa.gov/basic_food.htm).

## APPLE HEALTH FOR KIDS (FREE OR LOW-COST HEALTH INSURANCE)

If you would like information about Apple Health for Kid's free or low-cost health insurance for your children, please call to request an application at toll free 1-877-543-7669 or fill out and print an application online at: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>. Apple Health for Kids may include health coverage for doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Even if your child has other health insurance, they may still be eligible for help with the monthly premium, co-pays or deductibles.

## WHAT IF MY CHILD NEEDS SPECIAL FOODS?

All meals served meet the federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge if your child's doctor fills out the necessary paperwork. If your child needs this assistance, please contact us.

## PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

## FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Dr. Kenneth Lyon, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 425-936-1261.

## REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

## NONDISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, sex, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Lake Washington School District #414

2010-2011 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Complete, sign and return this application to your child's school or the district office: LWSU Free & Reduced Meals Program, 16250 NE 74<sup>th</sup> St., Redmond, WA, 98052 (425) 936-1261.

Please check this box if you received free/reduced price meals last year.

1. List all children living with you (except Foster Children). Include any income received and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to Section 5. See Section 4 for Foster Child. (You must submit a separate application for each Foster Child).

Child's Last Name	Child's First Name	MI	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	Income 5	Does your child receive Basic Food, TANF or FDPIR? If YES, you must list a case number.
						\$						<input type="checkbox"/> Yes-Case # _____ <input type="checkbox"/> Yes-Case # _____ <input type="checkbox"/> Yes-Case # _____ <input type="checkbox"/> Yes-Case # _____ <input type="checkbox"/> Yes-Case # _____

2. List the names of all other household members - Please enter your income and CHECK how often it is received. If you write a case number, skip to Section 5.

Names of ALL other household members (do not include names of children listed above)	Earnings from work (before any deductions)			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security (SSI)			Any Other Income Not Already Listed			Does any adult receive Basic Food, TANF, or FDPIR? If YES, you must list a case number.		
	Monthly	Twice a Month	Weekly	Monthly	Twice a Month	Weekly	Monthly	Twice a Month	Weekly	Monthly	Twice a Month	Weekly	Monthly	Twice a Month	Weekly
No Income															
	\$			\$			\$				\$				
	\$			\$			\$				\$				
	\$			\$			\$				\$				
	\$			\$			\$				\$				

3. Total Household Members (include all people living in your household): \_\_\_\_\_

4. Foster Child - One Foster Child per application. List the foster child below, child's personal income and how often received. If foster child has no income write "0".

Foster Child's Name	Date of Birth	Child's Personal Income	Weekly	Twice a mo.	Monthly	Every 2 wk.	School	Grade
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

5. Signature and Social Security Number - I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDPIR case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of Adult Household Member \_\_\_\_\_

Signature of Adult Household Member \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_  I do not have a social security number.

Mailing Address \_\_\_\_\_ Street Address (if different from mailing) \_\_\_\_\_ City & Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Check the box if you do not have a social security number**

**6. Children's Racial And Ethnic Identities (Optional)**

Mark one or more racial identities:

- Asian
- White
- Black, or African American

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**7. Other Benefits**

If you would like information on Apple Health for Kids free or low-cost health insurance for children, please call toll free 1-877-543-7669 to request an application or fill out and print an application online at: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>.

You must check the box by each program that you would like to share the information on the application with:

- Operation School Bell
- All Day Kindergarten
- Summer School
- Sports/Athletics

By signing below, I allow the information contained on this application to be shared with the programs I have checked above.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**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, we cannot approve your child for free or reduced price meals. 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 (Basic Food), 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 if your child is eligible for free or reduced price meals, 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.

**SCHOOL USE ONLY  
DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

**LEA APPROVAL/DENIAL**

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Size \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

Income Approved by (circle one): weekly every two weeks twice a month monthly annual

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**TEMPORARY APPROVAL FOR:**

- Free Meals
- Reduced-Price

Date Temporary \_\_\_\_\_

Approval Expires: \_\_\_\_\_

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: \_\_\_\_\_

Date Notice Sent \_\_\_\_\_

Signature of Approving Official \_\_\_\_\_

Date \_\_\_\_\_

**VERIFICATION: Verification procedures must not delay approval of application**

Date Selected for Verification		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Second Notice Sent			
Response Due From Household (also date of termination, if no response)			

INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Did Not Respond
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change \_\_\_\_\_

Date Adverse Notice Sent \_\_\_\_\_

Signature of Verifying Official \_\_\_\_\_

Date \_\_\_\_\_