

# Telluride School District R-1

## Information about Applying for Free or Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Telluride School District** offers healthy meals every school day. **Lunch costs \$3.30. Your children may qualify for free or reduced-price school meals.** Students in all grades that qualify for free or reduced-price meals will receive lunch at no charge.

You can find an application for free or reduced-price meal benefits and a set of detailed instructions at: [http://tellurideschool.org/parents/free\\_reduced\\_school\\_meals](http://tellurideschool.org/parents/free_reduced_school_meals) or get a printed copy from your child's school.

**Below are common questions and answers to help you with the application process.**

1. **WHO CAN RECEIVE FREE OR REDUCED-PRICE MEALS?**

- a. All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Needy Family (TANF/Colorado Works – Basic Cash Assistance or State Diversion), are eligible for free meals.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Foster children may be added as a household member of the foster family if the foster family chooses to apply. Including foster children as household members may help other children qualify for benefits. If the foster family is not eligible, it does not prevent a foster child from receiving benefits.
- c. Children who qualify for their districts Head Start program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2019 – 2020			
Household size	Yearly	Monthly	Weekly
1	\$23,107	\$1,926	\$445
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546
Each additional person:	\$8,177	\$682	\$158

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not already been notified that your children will receive free meals, please call or e-mail **Ursula Cristol at 970-369-7102 or [ucristol@telluride.k12.co.us](mailto:ucristol@telluride.k12.co.us)**.
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to **any school office – Elementary at 447 W Columbia Ave / 970-728-4377; Intermediate at 717 W Colorado Ave / 970-369-4719; Middle-High at 725 W Colorado Ave / 970-728-4377.**
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you received carefully and follow the instructions. If any children

in your household are missing from your eligibility notification, contact **Stacey Wright at 725 W Colorado Ave, 970-369-1205 or [swright@telluride.k12.co.us](mailto:swright@telluride.k12.co.us) immediately.**

5. *CAN I APPLY ONLINE?* No.
6. *MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?* Yes. Your child's application is only valid for that school year and for the first 30 days of this school year. You must send in a new application unless the school notified you that your child is eligible for the new school year.
7. *I RECEIVE WIC. CAN MY CHILDREN RECEIVE FREE MEALS?* Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in a completed free and reduced-price school meal application.
8. *WILL THE INFORMATION I GIVE BE CHECKED?* You may be selected to provide written proof of the household income you report on the application.
9. *IF I DON'T QUALIFY NOW, MAY I APPLY LATER?* Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. *WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?* Contact **Stacey Wright at 725 W Colorado Ave; 970-369-1205; or [swright@telluride.k12.co.us](mailto:swright@telluride.k12.co.us).** You also may ask for a hearing by calling or writing to: **Wendy Everett, Director of Finance/Nutrition at 725 W Colorado Ave, Telluride CO 81435; 970-369-1218; or, [weverett@telluride.k12.co.us](mailto:weverett@telluride.k12.co.us)**
11. *MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?* Yes. You, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Immigration, migrant, citizenship or refugee status is not required to be provided during the application process, and families should continue to apply for free or reduced-price school meals. The application does require the last four numbers of a Social Security number or an indication that there is no Social Security number. Social Security number information is not reported to any organization outside of Telluride School District.
12. *WHAT IF MY INCOME IS NOT ALWAYS THE SAME?* List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
13. *WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?* Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
14. *WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?* Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. *WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?* List any additional household members on a separate piece of paper, and attach it to your application. You may also print an additional copy of the application found at **[http://tellurideschool.org/parents/free\\_reduced\\_school\\_meals](http://tellurideschool.org/parents/free_reduced_school_meals)** or pick up a copy at your child's school.
16. *MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?* To find out how to apply for other assistance benefits, contact your local assistance office. Additionally, Colorado PEAK is an online service to screen and apply for medical, food and cash assistance programs. It can be accessed at **<http://coloradopeak.force.com/>**. Local, free assistance

is also available. **Contact Stacey Wright at 725 W Colorado Ave; 970-369-1205; or [swright@telluride.k12.co.us](mailto:swright@telluride.k12.co.us) for more information.**

If you have other questions or need help, contact **Stacey Wright, National School Lunch Program Coordinator at 725 W Colorado Ave; 970-369-1205; or, [swright@telluride.k12.co.us](mailto:swright@telluride.k12.co.us)**

Sincerely,

*Stacey Wright*

**Stacey Wright, National School Lunch Program Coordinator**

**Non-discrimination Statement:**

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# FREE & REDUCED PRICE SCHOOL MEAL APPLICATION INSTRUCTIONS

If you have questions or would like assistance filling out the application, please contact Stacey Wright (NSLP Coordinator) at 725 W Colorado Ave, 970-369-1205 or [swright@telluride.k12.co.us](mailto:swright@telluride.k12.co.us)

If you, or someone in your household receives SNAP (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDIPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

**STEP 1:** List all students first and last names. Optional: Provide date of birth and grade.

**STEP 2:** List a case number if you or someone in your household participates in SNAP, TANF or FDIPIR

**STEP 3:** Skip.

**STEP 4:** Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

**STEP 1:** List all students first and last names. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip.

**STEP 3:** Skip.

**STEP 4:** Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying based on income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

**STEP 1:** List all students first and last names. Optional: Provide date of birth and grade. Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip this part.

**STEP 3:**

A. **Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students' listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to "Sources of Income for Students at the bottom of this page.

B. **All Other Household Members (including yourself):** Print the name of each household member in the boxes marked "Names of Other Household Members." Do not include people who live with you but are not supported by your household's income and do not contribute income to your household. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**Report Gross Income (total income before taxes and deductions) for each Household Member:**

o *Earnings from work:* example: See "Earnings from Work" below. If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income.

o *Income from Public Assistance/Child Support/Alimony:* See "Public Assistance/Child Support/Alimony" below. List the total amount each person received from **any public assistance programs (do not include income from SNAP, TANF or FDIPIR), child support or alimony.** For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.

o *Pensions/Retirement/All Other Income:* See "Pensions/Retirement/All Other Income" below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

**Report total household members. The total must equal all names listed within the student and household members' fields.**

**Provide the last four of the Social Security Number (SSN), or "Check if no SSN". This information is not reported to anyone.**

**STEP 4:** Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the application.

## Sources of Income for Students:

Earnings from work  
Social Security – Disability or  
Survivor's payments  
Any other type of regularly received  
income

## Public Assistance/Child Support/Alimony:

Public assistance payments  
Welfare payments  
Alimony payments  
Child support payments  
Social Security Benefits

## Sources of Income to Report

### Earnings from Work:

Wages/salaries/tips  
Strike benefits  
Unemployment Compensation  
Worker's Compensation  
Net income from self-owned business  
or farm

### Pensions/Retirement/All Other Income:

Pensions  
Supplemental Security Income  
Retirement income  
Veteran's benefits  
Social Security  
Disability benefits  
Cash regularly withdrawn from savings  
Interest/Dividends  
Income from Estates/Trusts/Investments  
Regular contributions from people not living in the  
household  
Net royalties/annuities/rental income  
Any other regularly received income, whether federally  
recognized or not must be reported

## FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2019-2020

Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2019 – 2020			
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Each additional person:	\$8,177	\$682	\$158

**Common questions and answers to help you with the application process are found at**  
[http://tellurideschool.org/parents/free\\_reduced\\_school\\_meals](http://tellurideschool.org/parents/free_reduced_school_meals)  
or can be picked up at your child's school.

**Please see the back of this page for detailed application instructions.**

*If you have questions or would like assistance filling out the application,  
please contact Stacey Wright (NSLP Coordinator) at 725 W Colorado Ave, 970-369-1205 or [swright@telluride.k12.co.us](mailto:swright@telluride.k12.co.us)*

# Telluride School District 2019-2020 Household Application for Free and Reduced-Price School Meals

Find more information at [tellurideschool.org/parents](http://tellurideschool.org/parents)

Complete one application per household. Please use a black or blue pen (not a pencil).

## STEP 1 List ALL Students' attending Telluride School District (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date					Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
			M	M	D	D	Y						

Check all that apply. Read **How to Apply for Free and Reduced Price School Meals** for more information.

## STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number	TANF Case Number	FDPIR Case Number

## STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

### A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

Student Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### B. All Other Household Members (including yourself)

In the spaces below list all other 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 GROSS INCOME (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of All Other Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Child Support/Alimony	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Total Household Members** (Students' and Adults from Steps 1 and 3)

**Last four digits of Social Security Number (SSN) or mark "no SSN"** of adult signing this form only if Step 3B has been completed. **XXX-XX-**

**Check box if no SSN**

## STEP 4 Contact information and adult signature. Mail signed and completed application to Telluride School District: 725 W Colorado Ave, Telluride CO 81435

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Mailing Address or PO Box			Apt. # or Lot #		City		CO	Zip Code		Email Address		
Home or Cell Phone Number			SIGNATURE of Adult Household Member (Required)				Printed First and Last Name of Signer				Today's Date	

## STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If your students are eligible to receive free or reduced price meals this information may be shared with the school/district for purposes of waiving school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. **Your information WILL be shared unless you check one of the boxes below.**

- Do **NOT** share my information with any programs
- Do **NOT** share my information with the programs I have checked:
- Reduced cost or free health and dental insurance - Medicaid/SCHIP
- TSD Athletics
- TSD Academics
- TSD Ski PE or Alternate Ski PE

[----- Potential fee reduction. -----] See back of application

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.**

## NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for **food stamps**
- Referrals to **food pantries** and free meals
- Get information on child and senior **nutrition programs**

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## Food Resource Hotline

CALL US TODAY!

STATEWIDE, TOLL-FREE **855-855-4626**

METRO DENVER **720-382-2920**

### ¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las **estampillas de comida**
- Derivaciones a **bancos de comida** y comidas gratis
- Obtenga información sobre **programas de nutrición** para niños y ancianos

¡LLÁMENOS HOY!

LÍNEA ESTATAL **855-855-4626**

METRO DENVER **720-382-2920**




HungerFreeColorado.org



**Colorado PEAK** is an online service for Coloradans to screen and apply for medical, food and cash assistance programs.

Visit [coloradopeak.force.com](http://coloradopeak.force.com) to learn more.

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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other 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 (SNAP), 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.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

**Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12**

Application Type: <input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____ Household Income Frequency - <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually  <input type="checkbox"/> Categorical Eligibility - <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> TANF <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway/Head Start	Application Status: Approved - <input type="checkbox"/> Free <input type="checkbox"/> Reduced  Denied - <input type="checkbox"/> Over Income Guidelines <input type="checkbox"/> Incomplete/Missing: _____  Notes: _____
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Determining Official Signature: _____	Approval/Denial Date: _____	Notification Sent: _____
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