



## Free and Reduced Price School Meals Household Application and Verification Forms Instructions

### Dear School Districts:

Posted are prototype samples of required and optional documents used by school districts to issue household applications for eligibility and participation in free and reduced price school meals programs. Modify these documents to reflect your district's programs and processes in the **[BOLD BRACKETED FIELDS]** throughout the prototype documents. See restrictions in box below.

**Extreme variations from the prototype documents must be approved by the State Child Nutrition Services office prior to distributing to households. The contents of the documents must not be changed and must be included in the materials distributed to households.**

### Changes to Household Applications

(Per Federal 2004 Reauthorization and Implemented in School Year 2005-2006)

- ✓ School districts are now required to use "household" applications for school meal program
- ✓ Children on the direct certification list **MUST NOT** be required to fill out an application
- ✓ Homeless, migrant and runaway youth are *categorically eligible* for free school meals
- ✓ Temporary approval of eligibility is now limited to 45 days from date Notice
- ✓ The household application documents include information about exclusion of housing allowance as income for those in the Military Housing Privatization Initiative
- ✓ Households must be informed on the application that WIC participants may be eligible for free meals
- ✓ School districts must make a no-charge telephone number available to household for verification inquiries

### 2007-2008 Prototype School Year Application Packet: (Revised by Alaska Child Nutrition Services)

- Sample Public Release for Free and Reduced Price Meals
- Current Alaska Income Eligibility Guidelines for Free and Reduced Price School Meals
- Federal Register Notice on Income Eligibility Guidelines
- Eligibility Notice to Households for Free and Reduced Price School Meals-45 day period
- Notice to Households Regarding End of Temporary Approval for Free and Reduced Price Meals

### School Districts Must Provide the Following Information to Households:

- Sample Letter to Households for Application for Free and Reduced Price Meals
- Instructions for Household Application for Free and Reduced Price Meals and Reportable Income
- School Year 2007-2008 Household Application for Free and Reduced Price Meals

### Optional Household application-related materials that you may provide to households:

- Sharing Information with Medicaid and Denali KidCare
- Sharing Information with Other Programs

### School District Must Distribute Verification Information to Select Households:

- Notice of Household Selection for Verification of Application/Eligibility
- Results of Verification of Eligibility
- Verification Samples, Tracking, Annual Verification Report & Instructions can be located at the Child Nutrition Services website: <http://www.eed.state.ak.us/tls/cns/NSLP2.html>

### CONTACT AT STATE OFFICE:

NSLP: [Andrea\\_Stasyszen@eed.state.ak.us](mailto:Andrea_Stasyszen@eed.state.ak.us) or after June 1, 2007 [Andrea.Stasyszen@alaska.gov](mailto:Andrea.Stasyszen@alaska.gov) or 907-465-8709  
RCCI: [Shodie\\_Akin@eed.state.ak.us](mailto:Shodie_Akin@eed.state.ak.us) or after June 1, 2007 [Shodie.Akin@alaska.gov](mailto:Shodie.Akin@alaska.gov) or 907-465-4788

To apply for free or reduced price meals/milk for your child(ren), complete, sign and return this form to the school.  
Please allow up to 10 working days to process application. If you need help with this form call your school.

<b>Part 1 Children in School</b> (Please print or type) Use a separate application for each foster child.				<b>Food Stamp or Alaska Temporary Assistance Case #.</b> <b>Skip to part 5 if you list a Food Stamp or TANF case number.</b> <b>Do not use Medicaid or Denali Kid Care #</b>
Name, Last	First, M.I.	Grade	Name of School	

**Part 2** If the child you are applying for is homeless, migrant or a runaway, check the appropriate box and call [your school homeless liaison, migrant coordinator at phone #]  Homeless  Migrant  Runaway

**Part 3 Foster child** If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and provide the child's monthly personal use income. \_\_\_\_\_ Write "0" if child has no personal use income. Skip Part 4, complete part 5, and optional Part 6.  
(Only the signature of a foster parent or other official representing the child is required to complete application.)

**Part 4 Total household gross income – You must tell us how much and how often.** \*Military households see page 2.  
➔ For any child you gave a Food Stamp or ATAP/NFAP case number for, complete only Part 5. Part 6 is optional.

Name (List everyone in household)	B- Check if NO income	C- Earnings from work before deductions and how often. <i>Example: \$200/ weekly</i>	D- Monthly Assistance; Child Support, Alimony	E- Monthly Income; Pensions, Retirement, Social Security	F- Any Other Monthly Income
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
<b>Subtotal:</b>		\$	\$	\$	\$

<p><b>G-Alaska Permanent Fund Dividend:</b> How many of the adults and children listed above were approved for Permanent Fund Dividends in 2006 _____ in 2007 _____? Include everyone who was approved for a PFD, even if part or the entire dividend was garnished.</p> <ul style="list-style-type: none"> <li>• Write "0" if no one was approved for a PFD.</li> <li>• Your application cannot be approved if this information is missing.</li> </ul>	<ul style="list-style-type: none"> <li>• For office use only</li> <li>• Total household size _____</li> <li>• Year _____ PFD \$ _____</li> </ul>
	Total Monthly Income \$ _____

**Part 5 Signature and Social Security Number**

- I certify (promise) that all information on this application is true and that all income is reported.
- I understand that the school will get Federal funds based on the information I give.
- I understand that school officials may verify (check) the information on the application.
- I also understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X \_\_\_\_\_  
 Sign here Social Security Number Home phone number Work phone number  
 I do not have a Social Security Number (See Privacy Act Information on the back of this page.)

\_\_\_\_\_ Alaska \_\_\_\_\_  
 Printed name of adult Date signed Mailing address city state zip code

**Part 6 Optional -Children's race or ethnic identity.** Please check one or more racial or ethnic identities of your child(ren).

- Race:  Alaska Native/American Indian  Asian  Black  Native Hawaiian/Pacific Islander  White  
 Ethnic:  Hispanic/Latino  Not Hispanic/Latino

**Don't fill out this part. This is for school use only.**

Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_  
 Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after 45 days)  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (For verification only)

<p><i>To determine monthly Income, multiply:</i>  <b>Weekly income by 4.33</b>  <b>Bi-weekly income (every 2 weeks) by 2.15</b>          Semi-monthly income (2 times per month) by 2</p> <p>(Do not submit income information for children with Food Stamp or Alaska Temporary Assistance Case #.)</p>	<p><b>Permanent Fund Dividend Income Determination</b>          2006 - number approved for PFD x \$1106.96 ÷ 12</p> <ul style="list-style-type: none"> <li>• If household members have been approved for PFD, it must be counted as income.</li> <li>• Prior to receipt of the PFD in 2007, count 2006 PFD as part of current household income.</li> <li>• 2007 PFD is considered "received" after 12/31/07</li> </ul>
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<b>Income eligibility:</b>	Convert to	Monthly income	Total household size: _____
Weekly _____	x 4.33 =	_____	
Bi-weekly _____	x 2.15 =	_____	<b>2006 PFD \$ 1106.96</b>
Semi-monthly _____	x 2 =	_____	\$1106.96 X (household size) ÷ 12 =
Monthly _____	=	_____	(1) \$ 92.25 (5) \$461.25
	<b>Total Income:</b>	_____	(2) \$184.50 (6) \$553.50
	<b>+ PFD:</b>	_____	(3) \$276.75 (7) \$645.75
	<b>Eligibility amount:</b>	_____	(4) \$369.00 (8) \$738.00

**Privacy Act Statement: This explains how we will use the information you give us.** The 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 children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is **required** unless you list Food Stamp or ATAP/NFAP case numbers for all the children you are applying for, OR if you are applying for a foster child. **You must check** the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. **We WILL** use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. **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 misuse of program rules.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age, or disability. To file a complaint of discrimination, write to

DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

\* **Military Housing Privatization Initiative.** This initiative puts the operation of military owned housing under private contractors. **Note:** This income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. In accordance with the provisions of the Act, the housing allowance provided under the Military Housing Privatization Initiative is excluded from consideration as income for military families applying for free and reduced price meals or free milk for their children under any of the child nutrition programs.

**To apply for additional benefits for your family, call:**

**Denali Kid Care**

**1-(888) 318-8890** (or in Anchorage 269-6529)

**Women Infants and Children (WIC)**

<http://www.hss.state.ak.us/ocs/nutri/wic>

**For the location of a WIC clinic near you call: 1-(800) 478-2221**