

APPLICATION FOR FREE AND REDUCED-PRICE MEALS
 NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION, CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
 (Rev. 6/11) G/Tools/SNP/2011 Application for Free and Reduced-Price Meals

Complete one application per household.

SNAP, TANF or FDPIR Benefits: Households providing a case number **DO NOT** have to provide income information or information about a Social Security Number. Enter the SNAP, TANF or FDPIR case number for ANY household member currently receiving benefits: _____ (Social Security, Medicaid and EBT numbers are not accepted.) In section 2, list all children in the household, indicating their school and grade. Do not list any adult household member names or income information. Then go to section 3

- Households that do not receive SNAP, TANF or FDPIR Benefits:**
- List the names of **EVERYONE** living in your household. If you need more space, attach a separate sheet of paper.
 - Indicate if the household member is a foster child or receives no income by checking the box.
 - For each child attending school, list the name of the school and the grade.
 - List all income on the same line with the person who receives it. Record income under the correct pay period category. See the back of this application for additional assistance with income.
 - Print the last 4 digits of Social Security Number of the household member who signs the form. If this household member does not have a Social Security Number, check the "I do not have a Social Security Number" box. A social security number IS NOT required to apply. Simply indicate the signing adult does not have one and that will suffice.

HOUSEHOLD MEMBERS: List the names of all household members	Check if Foster Child	Check if No Income	SCHOOL (if applicable)	Grade	Earnings from work before deductions. Enter gross income under the appropriate pay period. Record each income only once .				Other Income Indicate How Often Received (ex: monthly, weekly, bi-weekly)		
					Weekly	Every Two Weeks	Twice a Month	Monthly	Farm/Self Employment Annual – See Back	Child Support/ Alimony	Interest, Unemployment, Social Security, etc.
1.	<input type="checkbox"/>	<input type="checkbox"/>									
2.	<input type="checkbox"/>	<input type="checkbox"/>									
3.	<input type="checkbox"/>	<input type="checkbox"/>									
4.	<input type="checkbox"/>	<input type="checkbox"/>									
5.	<input type="checkbox"/>	<input type="checkbox"/>									
6.	<input type="checkbox"/>	<input type="checkbox"/>									

Name of the Household Member who Signs this Form: _____ Social Security Number (last 4 digits) XXX-XX-____ I do not have a Social Security Number

Does your child have health insurance? Many children who qualify for free and reduced priced meals may also qualify for low-cost or free health coverage. For information or to see if your child may qualify, call: 1-877-KIDS-NOW (1-877-543-7669) or online at www.healthystepsnd.com
 The information provided in the application may be shared with Medicaid or SCHIP office to seek enrollment of children into the programs. You are not required to consent to the disclosure of this information; this will not affect your students' eligibility for school meals. Your information WILL be shared unless you check the box:
 Please do NOT share my information with the Medicaid or CHIP office.

Children's Racial and Ethnic Identities (Optional)
 Mark one ethnic identity:
 Hispanic/Latino Not Hispanic/Latino
 Mark one or more racial identities:
 Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native

I certify that all of the above information is true and correct and that all income is reported. 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 the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member		Date	Home Phone	Work Phone
Print Name (last, first)	Street Address	City	State	Zip

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

FOR SCHOOL USE ONLY

Calculating Income

To determine yearly income:

- If paid every week, multiply the weekly gross income by 52.
- If paid every two weeks, multiply the gross income by 26.
- If paid twice a month, multiply the gross income by 24.
- If paid once a month, multiply the gross income by 12.

Date Received _____ Date of Approval & Notification to Family _____

Determination:
 Approved Free Reduced-Price Denied

Reason For Denial:

Signature of Determining Official _____

Signature of Confirming Official _____ Date of Confirmation _____

Date of Verification _____ Did Verification Change the Determination?
 Yes No

If Yes, Explain _____

Calculating Farm or Self-Employment Income

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred while making that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 2 of the application.

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.

Line Number	Type of Income	Amount listed on Form 1040
12	Business income or (loss)	\$
13	Capital gain or (loss)	\$
14	Other gains or (losses)	\$
17	Rent royalties, etc.	\$
18	Farm income or (loss)	\$
Total		\$

(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0). A NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME.

NOTE: THIS IS FOR THE CALCULATION OF FARM AND BUSINESS INCOME ONLY. ALL OTHER INCOME RECEIVED BY THE FAMILY MUST BE LISTED ON THE FRONT OF THIS FORM.

LETTER TO HOUSEHOLDS

Dear Parent or Guardian:

Children need healthy meals to learn. West Fargo Public Schools offers Breakfast and Lunch every school day. Breakfast costs \$.10 for grades 1-5 and \$1.25 for grades 6-12; lunch costs \$1.80 for grades 1-5 and \$2.00 for grades 6-12. Cost of milk is \$.35. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price breakfast costs \$.30 and reduced price lunch costs \$.40.

- 1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. 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 your school office or it can be mailed to: Peggy Rieniets, West Fargo Public Schools, 207 W. Main Ave., West Fargo, ND 58078.
- 2. WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or the Temporary Assistance Program for Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Chart.
- 3. CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

FEDERAL INCOME CHART For School Year 2011-2012			
Household	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each Additional Person	\$7,067	\$589	\$136

- 4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** If you haven't been told your children will get free meals, please call the school at 499-1008 or 499-1984 (after Sept. 2nd) to see if they qualify.
- 5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at 499-1008 or 499-1984 (after Sept. 2nd) if you have questions.
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
- 9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP, TANF, or FDPIR. If you lose your job, your children may be able to get free or reduced meals during the time you are unemployed.
- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to Jan Sliper, Director of Food Service, West Fargo Public School District #6, 801 9th St. E., West Fargo, ND 58078, phone number (701) 499-1837.
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes, you or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- 12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
- 13. 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.
- 14. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income.
- 15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/ HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/ her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, please call Peggy Rieniets at (701) 499-1008 (before Labor Day) or (701) 499-1984 (after Labor Day) Monday through Friday, 8:00 a.m. – 11:45 a.m.

Sincerely,



Peggy R. Rieniets
Administrative Assistant
Free/Reduced Lunch Program

In accordance with Federal law and U.S. Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.