

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Nenana City Public School** offers healthy meals every school day. Breakfast costs **\$1.75**; lunch costs **\$2.25 for Elementary students; and \$2.75 for JH & HS students**. **Your children may qualify for free meals or for reduced price meals**. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - a. All children in households receiving benefits from , **Supplemental Nutrition Assistance Program (SNAP) formerly known as food stamps, Temporary Assistance for Needy Families (TANF), or Native Family Assistance Program (NFAP)** 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.**
 - c. **Children participating in their school's 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_2015-2016_			
Household size	Yearly	Monthly	Weekly
1	\$ 27,232	\$ 2,270	\$ 524
2	\$ 36,852	\$ 3,071	\$ 709
3	\$ 46,472	\$ 3,873	\$ 894
4	\$ 56,092	\$ 4,675	\$ 1,079
5	\$ 65,712	\$ 5,476	\$ 1,264
6	\$ 75,332	\$ 6,278	\$ 1,449
7	\$ 84,952	\$ 7,080	\$ 1,634
8	\$ 94,572	\$ 7,881	\$ 1,819
Each additional person:	\$ 9,620	\$ 802	\$ 185

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 haven't been told your children will get free meals, please call or e-mail Susan Kauffman at 832-5464, skauffman@nenanalynx.org.
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:

Nenana City Public School
Attn: Andy Corbin
P.O. Box 10
Nenana, AK 99760

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 got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Andy Corbin 832-5464** immediately.

5. CAN I APPLY ONLINE? Sorry, at this time we do not have an online application....but we are working on it!
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 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 CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
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? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Eric Gebhart, Superintendent, P.O. Box 10 Nenana, AK 99760, (907)832-5464**
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.
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.
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.
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. Contact **[name, address, phone number, e-mail] to receive a second application.**
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-478-3537**

If you have other questions or need help, call **832-5464**.
Sincerely,

Andy Corbin
Administrative Assistant

Instructions for Applying for Free and Reduced Price School Meals

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

If your household receives benefits from SNAP or TANF or NFAP Follow these instructions:

Part 1: List all members in the household and the name of school for each child.

Part 2: List the case number for any household member (including adults) receiving **SNAP** or **TANF** or **NFAP** benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The **last four digits** of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose to.

If no one in your household gets SNAP or TANF or NFAP benefits and if any child in your household is homeless, a migrant, runaway, or in Head Start follow these instructions:

Part 1: List all members in the household and the name of school for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call:
Susan Kauffman 832-5464

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: Sign the form. The **last four digits** of a Social Security Number are not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

If you are applying for a foster child, follow these instructions:

If all members in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The **last four digits** of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children:

Part 1: List all members in the household and the name of school for each child. Check the box if the child is a foster child. Include PFD information.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, runaway, or Head Start check the appropriate box and call:
Susan Kauffman 832-5464. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income. Check the box for each household member that has been approved for and will receive a PFD this year and/or next year.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, NFAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the **last four digits** of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer this question, if you choose.

All other households, including WIC households, follow these instructions:

Part 1: List all members in the household and the name of school for each child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call: Susan Kauffman 832-5464. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members. Be sure to mark the boxes for *PFD's*
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, NFAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the **last four digits** of their Social Security Number (or mark the box if s/he doesn’t have one).

Part 6: Answer, this question if you choose.

2015-2016 Free and Reduced Price School Meal Family Application

PART 1. All Household members

**If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL household members (First, Middle Initial, Last)	School Name for Each Child	Grade	Foster Child	Check if approved for PFD in 2014	Check if approved for PFD in 2015
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PART 2. Benefits

If any member of your household receives **SNAP, TANF** or **NFAP**, provide the name and case number for the person who receives benefits and **skip to Part 5. If NO ONE receives these benefits, skip to Part 3.**

Name: _____ **Case Number:** _____

PART 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call: **Susan Kauffman 832-5464**

homeless migrant runaway Head Start

PART 4. Total Household Gross Income. You must tell us how much and how often.

Name (List ALL Adults and children in the household with income.)	Gross income how often it was received (Annual=A; Weekly=W; Every 2 Weeks=E; Twice A Month=T or Monthly=M)			
	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - Jane Smith</i>	<i>\$199.99/ Weekly</i>	<i>\$149.99/ Every 2 weeks</i>	<i>\$99.99 / Monthly</i>	<i>\$2,500/ Annual</i>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

PART 5. Signature and Last four digits of SSN (An adult household member must sign the application.)

If Part 4 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Last four digits of Social Security Number: * * * * _ _ _ _ I do not have a Social Security Number

PART 6. Children's Ethnic and Racial Identities (Optional)

<p><i>Choose one ethnicity:</i></p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p><i>Choose one or more (regardless of ethnicity):</i></p> <p><input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
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School Use Only

Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify

Total household members receiving PFDs _____ x \$1,884.00 = _____ (2014)

Applications received **after 1/1/16** - Household members receiving PFDs _____ x \$ _____ = _____ (2015)

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

Sub Total Income: _____ Household size: _____

PFD income: _____ TOTAL Income: _____

Categorical Eligibility: ___ (Free)

Income Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature (appeal): _____ Date: _____

*For more information about calculating household income see the **Eligibility Guidance Manual for School Meals***

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 (SNAP), Temporary Assistance for Needy Families (TANF) Program or Native Family Assistance Program (NFAP) 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 The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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Individuals who are deaf, hard of hearing 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.