



Dear Parent/Guardian:

Children need healthy meals to learn. Glennallen School offers healthy meals every school day. Lunch costs are: Grades K-5 at \$4.00 and Grades 6-12 at \$4.25. Your children may qualify for free meals or for reduced price meals. Reduced price is 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 **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF]**, 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 2016-2017			
Household size	Yearly	Monthly	Weekly
1	\$ 27,454	\$ 2,288	\$ 528
2	\$ 37,037	\$ 3,087	\$ 713
3	\$ 46,620	\$ 3,885	\$ 897
4	\$ 56,203	\$ 4,684	\$ 1,081
5	\$ 65,786	\$ 5,483	\$ 1,266
6	\$ 75,369	\$ 6,281	\$ 1,450
7	\$ 84,952	\$ 7,080	\$ 1,634
8	\$ 94,572	\$ 7,881	\$ 1,819
Each additional person:	\$ 9,620	\$ 802	\$ 185

**STOP!**

If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

- 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 Kathy Everett, Federal Programs Director at 822-5356 to see if your child qualifies.
- 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 the school where your child attends.
- 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 Kathy Gearhart at 822-3234 ext. 225 immediately.

5. 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.
6. 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.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. 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.
9. 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 Tammy Van Wyhe, Superintendent, Copper River School District, P.O. Box 108, Glennallen, AK 99588. Phone Number: 822-3234 ext. 223.
10. 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.
11. 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.
12. 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.
13. 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.
14. 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 Kathy Gearhart at 822-3234 ext. 225 or email [kgearhart@crsd.us](mailto:kgearhart@crsd.us) to receive a second application or print one from our website at [www.crsd.us](http://www.crsd.us).
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **[State 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 822-3234 ext. 225.

Sincerely,

*Kathy Gearhart*  
*Business Manager*

Free and Reduced Price School Meals Application

# 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 [food stamps/state SNAP] or [State TANF] or [FDPIR] Follow these instructions:**

**Part 1:** List **ALL Household Members** who are infants, children, and students up to and including grade 12.

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

**Part 3:** Skip this part.

**Part 4:** Indicate the number of household member receiving a **PFD**. Indicate **Total Household Members, last four digits, Social Security Number** are **not** necessary.

**Part 5:** Adult household member must sign the form.

**Part 6:** 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.

**If no one in your household gets [food stamps/state SNAP] or [state TANF] benefits and if any child in your household is homeless, a migrant, runaway, or in Head Start follow these instructions:**

**Part 1:** List **ALL Household Members** who are infants, children, and students up to and including grade 12.

**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 **Kathy Everett, Federal Programs Director at 822-5286**.

**Part 4:** Indicate the number of household member receiving a **PFD**. Indicate **Total Household Members**. Complete only if a child in your household isn't eligible under **Part 3**. See instructions for All Other Households. The **last four digits** of a Social Security Number are **not** necessary.

**Part 5:** Adult household member must sign the form.

**Part 6:** 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.

**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:** Indicate **Total Household Members**. Indicate the number of household member receiving a **PFD**. The **last four digits** of a Social Security Number are **not** necessary.

**Part 5:** Adult household member must sign the form.

**Part 6:** 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.

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

**Part 1:** List **ALL Household Members** who are infants, children, and students up to and including grade 12.

**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 **Kathy Everett, Federal Programs Director at 822-5286** If not, skip this part.

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

- **Box 1–Name:** Indicate the number of household member receiving a **PFD**. 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:** Please report Income in Whole Dollars when possible. 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, FDPIR, 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. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. *If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.*

- Indicate **Total Household Members**.
- **Last four digits** of Social Security Number of Primary Wage Earner or Other Adult Household Member (or mark the box if s/he doesn't have one).

**Part 5:** Adult household member must sign the form.

**Part 6:** 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.

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

**Part 1:** List **ALL Household Members** who are infants, children, and students up to and including grade 12.

**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 **Kathy Everett, Federal Programs Director at 822-5286**. If not, skip this part.

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

- **Box 1–Name:** Indicate the number of household member receiving a **PFID**. List all household members.
- **Box 2 –Gross Income and How Often It Was Received:** Please report Income in Whole Dollars when possible. 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, FDPIR, 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. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. *If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.*
- Indicate **Total Household Members**.
- **Last four digits** of Social Security Number of Primary Wage Earner or Other Adult Household Member (or mark the box if s/he doesn't have one).

**Part 5:** Adult household member must sign the form.

**Part 6:** 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.

## 2016-2017 Free and Reduced Price School Meal Family Application

<b>PART 1. All Household members who are infants, children, and students up to and including grade 12.</b>				
<i>*If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.</i>				
Names of <b>ALL</b> Children ( <i>infants, children, and students up to and including grade 12.</i> ) <b>First, Middle Initial, Last</b>	School Name for Each Child	Grade		Foster Child
<b>PART 2. Benefits</b>				
If any member of your household receives [State SNAP], [FDPIR] or [State TANF], provide the name and case number for the person who receives benefits and <b>skip to Part 5. If NO ONE receives these benefits, skip to Part 3.</b>				
Name: _____ Case Number: _____				
<b>PART 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Phone number of your school, homeless liaison, migrant coordinator, and Head Start coordinator.]</b>				
homeless <input type="checkbox"/> migrant <input type="checkbox"/> runaway <input type="checkbox"/> Head Start <input type="checkbox"/>				
<b>PART 4. Total Household Gross Income. You must tell us how much and how often.</b>				
Alaska Permanent Fund Dividend (PFD) Enter the number of <b>ALL household members</b> who <b>QUALIFY</b> for PFD's even if part or all the check was garnished. Issued October 2015: _____ <b>PRIOR</b> to 1/1/17 Issued October 2016 : _____ <b>AFTER</b> 1/1/17	Gross income how often it was received ( <b>Annual; Weekly; Every 2 Weeks; Twice A Month or Monthly</b> ) If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Please report Income in <b>"Whole Dollars"</b> when possible			
<b>Name</b> (List <b>ALL Adults and children</b> in the household with income.)	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - John Smith</i>	<i>\$200.00/ Weekly</i>	<i>\$150.50/ Every 2 weeks</i>	<i>\$100.00 / Monthly</i>	<i>\$2,500/ Annual</i>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
<b>TOTAL HOUSEHOLD MEMBERS (Children and Adults):</b> _____				
Last Four Digits Of Social Security Number (SSN) Of Primary Wage Earner Or Other Adult Household Member: * * *- * *- _____				
<input type="checkbox"/> I DO NOT HAVE A SOCIAL SECURITY NUMBER				
<b>PART 5. Signature (An adult household member must sign the application.)</b>				
<b>Contact Information and adult signature</b> "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."				
Sign here: _____ Print name: _____ Date: _____				
Address: _____ Phone Number: _____				
City: _____ State: _____ Zip: _____ Date Received ( <i>internal use</i> ): _____				

PART 6. Children's Ethnic and Racial Identities (Optional)	
Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

The most recent Eligibility Chart may be viewed at: [www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs.htm](http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs.htm)

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 \$2,072.00 = _____ ( 2015)
Applications received after 1/1/17 - Household members receiving PFDs _____	x \$ _____ = _____ ( 2016)
<b>Annual Income Conversion:</b> 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: _____
Verifying Official's Signature (appeal): _____	Date: _____
For more information about calculating household income see the <b>Eligibility Guidance Manual for School Meals</b>	

**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 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:**

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, religious creed, disability, age, political beliefs, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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:

mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;  
 fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider."

# SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).



**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For more information, you may call **Kathy Gearhart, Business Manager** at **907-822-3234 ext. 225** or e-mail at [kgearhart@crsd.us](mailto:kgearhart@crsd.us).

Return this form to: Copper River School District, Business Office, PO Box 108, Glennallen, AK 99588

## SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- 
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For more information, you may call **Kathy Gearhart, Business Manager** at **907-822-3234 ext. 225** or e-mail at [kgearhart@crsd.us](mailto:kgearhart@crsd.us).

Return this form to: Copper River School District, Business Office, PO Box 108, Glennallen, AK 99588