



# Student Fees Assistance and Benefits Application - - FARGO PUBLIC SCHOOLS 2025-26 - - - Apply online: [www.EZMealApp.com](http://www.EZMealApp.com)

(also known as Free and Reduced-Price School Meals Application)

Complete one application per household. Please use a pen (not a pencil). Mail or return completed form to your student's school office.

## Step 1 List all Household Infants and Children who are age 0 through Grade 12

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related." Children in **Foster care** or are **Homeless, Migrant** or **Runaway** are eligible for benefits. Read *How to Complete the Application for K12 Fees Assistance and Benefits* for information.

Child's First Name	MI	Child's Last Name	Age	Grade (if in school)	School (if in school)	Mark if Applicable		
						Foster?	Homeless or Runaway?	Migrant Farm Worker?

## Step 2 Do any Household Members currently participate in one or more of the following assistance programs: (If no, go to Step 3)

CASE NUMBER

REQUIRED:

check which program

\_\_\_\_ SNAP, \_\_\_\_ TANF, or \_\_\_\_ FDPIR

**Go to Step 4**  
after entering  
case number.

## Step 3 Report Income for ALL Household Members (Skip this step if you participate in a program in Step 2)

**A. Child Income:** Sometimes children in the household earn or receive income, such as from a part time job or SSI.

Income earned by all children added together	Year	Wk	BiWk	2xMo	Mo.
\$					

**B. All Adult Household Members (including yourself):** List all household members not listed in Step 1 even if they do not receive income.

For each Household Member listed if they receive income, report total income for each source in whole dollars (*no cents*) only. Check how often income is received. 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.

Refer to chart on the back page for income guidance	Names of Every Household Adult (First and Last)	Gross Wages from Working at Jobs					Self-Employed or a Farmer?					All other Income				
	List all household members not listed in Step 1 (includes yourself) even if not related or don't receive income. Include members temporarily away, such as at college. Complete the income boxes for each person listed and enter "0" or leave blank if no income is earned.	Report income before taxes and deductions.	How Often?				Report income after subtracting business expenses.	How Often?				SSI, Unemployment, Public Assistance, Child Support, and others listed on Page 2	How Often?			
			Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly
\$					\$					\$						
\$					\$					\$						
\$					\$					\$						
\$					\$					\$						

**C. Total Number of Households Members** ☐ **Last Four Digits of Social Security Number (SSN) X X X - XX**     **OR**  ("X" if no Social Security Number)

## Step 4 Contact information and adult signature. Mail Completed Form to: Fargo Public Schools 3901 40<sup>th</sup> Ave S, ND 58104 or take to your school's office

"I certify (promise) that all information on this application is true and correct and all household members and incomes are 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."

**Signature of Adult** (Form must be signed to be complete.) \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Daytime Phone and Email (optional)** \_\_\_\_\_

## Instructions : Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony / Child Support	Pensions / Retirement/ All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (ex: <u>Farm or Business</u>)</li> </ul> Report income earned after subtracting expenses. <i>If money was lost in the business, write in \$0</i> <u>If you are in the U.S. Military:</u> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

## 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. *If you do not select race or ethnicity, one will be selected for you based on visual observation.*

Ethnicity (Check one) ☐ Hispanic ☐ Not Hispanic or Latino

Race (Check one or more) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

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 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.

Foster, migrant, homeless, and runaway children and children enrolled in a Head Start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school for more information.

**Nondiscrimination Statement:** In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering the USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by programs and incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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)

**\*Only use this address if you are filing a complaint of discrimination.**