

School Year 2024 - 25 Household Application for Free and Reduced Price School Meals

Complete, sign and return this form to the school or to Nutrition Services Center, 1305 Charles Street, Fairbanks. **APPLY ONLINE** at <https://www.schoolcafe.com>
USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD - For assistance please call (907) 451-1004

STEP 1 — All Children in School in the Household

Student ID	Last Name	First Name	MI	Date of Birth (Required)	Grade	Foster	Homeless	Migrant	Runaway	Head Start
						<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"/>
						<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write your case number, beginning with 05 or 07 then skip STEP 3 and go to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answer 'Yes' to STEP 2)

List all household members (including yourself & students) **even if they do not receive income.** For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name (First and Last)	Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly																
	Earnings from Work	How Often?				Public Assistance / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?				PFD Approved?	
		W	E	T	M		W	E	T	M		W	E	T	M	2023	2024

Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of the Signing Adult Household Member ***** - ** -**

Check if no SSN

STEP 4 — Contact Information and Adult Signature

"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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

M	M	D	D	Y	Y
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Street Address (if available)

City

State

ZIP Code

A	K
---	---

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Internal Use Only

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more): Black or African American

- American Indian or Alaskan Native
- White
- Asian
- Native Hawaiian or Other Pacific Islander

Application Number

Date Stamp

Batch

Initials





Fairbanks North Star Borough School District

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

NUTRITION SERVICES

1305 Charles Street FAIRBANKS, ALASKA 99701 (907) 451-1004 x 16601

Email foodservice@k12northstar.org

Schools		Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this Federal Eligibility Income Chart:			
<u>Elementary Schools</u>	<u>Middle Schools</u>	Household Size	Annual	Monthly	Weekly
Anderson -Crawford Elementary	Barnette Magnet	1	\$ 34,799	\$ 2,900	\$ 670
Anne Wien Elementary	Ben Eielson Jr/Sr High	2	\$ 47,249	\$ 3,938	\$ 909
Arctic Light Elementary	Effie Kokrine Charter	3	\$ 59,700	\$ 4,975	\$ 1,149
Barnette Magnet	North Pole Middle	4	\$ 72,150	\$ 6,013	\$ 1,388
Denali Elementary	Randy Smith Middle	5	\$ 84,601	\$ 7,051	\$ 1,627
Hunter Elementary	Ryan Middle	6	\$ 97,051	\$ 8,088	\$ 1,867
Ladd Elementary	Tanana Middle	7	\$ 109,502	\$ 9,126	\$ 2,106
Midnight Sun Elementary	Two Rivers	8	\$ 121,952	\$ 10,163	\$ 2,346
North Pole Elementary		For each additional family member add:	\$ 12,451	\$ 1,038	\$ 240
Pearl Creek Elementary					
Salcha Elementary	<u>High Schools</u>				
Ticasuk Brown Elementary	Effie Kokrine Charter				
Two Rivers	Hutchison High				
University Park Elementary	Lathrop High				
Weller Elementary	North Pole High				
Woodriver Elementary	West Valley High				
	<u>Alternative School</u>				
Bridge (fka HIRE)	Star of the North				
Boreal Sun	Watershed				
Discovery Peak (DPC)					

ATAP = Alaska Temporary Assistance Program
 D-SNAP = Disaster Supplemental Nutrition Assistance Program
 FDIPIR = Food Distribution Program on Indian Reservations
 NFAP = Native Family Assistance Program
 SNAP = Supplemental Nutrition Assistance Program (e.g. Food Stamps)
 TANF = Temporary Assistance to Needy Families

FNSBSD Nutrition Services has made it easier for families to apply for free and reduced price meals. **Apply online anytime to complete and submit an application in minutes at <https://www.schoolcafe.com>.** Students will obtain eligibility benefits faster, electronic submission ensures that the completed application reaches the district office quickly, and it is secure and confidential!

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 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 investigate violations of program rules.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2) fax: (833) 256-1665 or (202) 690-7442; or 3) email: program.intake@usda.gov

This institution is an equal opportunity provider.