



6018

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
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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	2025	2026	
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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
<div></div>	<div>X</div>	<div>M</div> <div>M</div> <div>D</div> <div>D</div> <div>Y</div> <div>Y</div>
Street Address (if available)	City	State ZIP Code
<div></div>	<div></div>	<div>A</div> <div>K</div> <div></div>
Home Phone Number	Work Phone Number	Email
<div></div>	<div></div>	<div></div>

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

NUTRITION SERVICES

1305 Charles Street

FAIRBANKS, ALASKA 99701

(907) 451-1004 x 16601

Email foodservice@k12northstar.org

Schools

Elementary Schools

Anderson -Crawford
Anne Wien Elementary
Arctic Light Elementary
Barnette Magnet
Denali Elementary
Hunter Elementary
Ladd Elementary
North Pole Elementary
Salcha Elementary
Ticasuk Brown Elementary
University Park Elementary
Weller Elementary
Woodriver Elementary

Middle Schools

Barnette Magnet
Ben Eielson Jr/Sr High
Effie Kokrine Charter
North Pole Middle
Randy Smith Middle
Ryan Middle
Tanana Middle

High Schools

Effie Kokrine Charter
Hutchison High
Lathrop High
North Pole High
West Valley High

Alternative School

Bridge (fka HIRE) Star of the North
Boreal Sun Watershed
Discovery Peak (DPC)

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:

Household Size	Annual	Monthly	Weekly
1	\$ 36,908	\$ 3,076	\$ 710
2	\$ 50,043	\$ 4,171	\$ 963
3	\$ 63,178	\$ 5,265	\$ 1,215
4	\$ 76,313	\$ 6,360	\$ 1,468
5	\$ 89,448	\$ 7,454	\$ 1,721
6	\$ 102,583	\$ 8,549	\$ 1,973
7	\$ 115,718	\$ 9,644	\$ 2,226
8	\$ 128,853	\$ 10,738	\$ 2,478
For each additional family member add:	\$ 13,135	\$ 1,095	\$ 253

ATAP = Alaska Temporary Assistance Program

D-SNAP = Disaster Supplemental Nutrition Assistance Program

FDPIR = 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. 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and the 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 (including limited English proficiency), sex, age, disability, and 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 for program information (e.g., braille, large print, audiotope, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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/ad-3027.pdf>, 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 Office of the Assistant Secretary for Civil Rights (OASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
email: Program.Intake@usda.gov
This institution is an equal opportunity provider.



NUTRITION SERVICES

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

☎ (907) 451-1004

🌐 www.k12northstar.org/food

✉ foodservice@k12northstar.org

📍 1305 Charles St, Fairbanks, AK 99701

Dear Parent/Guardian

School Year 2026–2027

Student Meal Prices

- **Full Pay**
 - **Breakfast:** \$3.25 (elementary), \$3.50 (secondary)
 - **Lunch:** \$4.75 (elementary), \$5.00 (secondary)
- **Reduced Price:** Breakfast – Free | Lunch – \$0.40

How to Apply

- **Apply Online:**
Submit your application at www.schoolcafe.com. It's fast, secure, confidential, and ensures quicker processing.
- **Paper Applications:**
Applications can be picked up at your school's front office, our Nutrition Service's Admin building (**1305 Charles Street, 99701**), or downloaded off our department website. www.k12northstar.org/nutrition.

Who Qualifies for Free or Reduced Meals?

- Children in households receiving **SNAP, TANF, or FDPIR**
- **Foster children** under the legal responsibility of a foster agency or court
- Children identified as **homeless, migrant, or runaway**
(Call 452-2000 ext. 11200 to confirm eligibility)
- Households that meet the **Federal Income Eligibility Guidelines** (see application for income chart)

Frequently Asked Questions

1. **Do I need an application for each child?**
No. Submit one application for all students in your household.
2. **What if I received a letter saying my children are already approved?**
Follow the instructions in the letter. Bring the original letter to Nutrition Services or your child's school. If a child is missing from the letter, contact Nutrition Services immediately.
3. **Do I need to apply every year?**
Yes. Eligibility does not carry over. A new application must be submitted each school year.
4. **If I receive WIC or Denali Kid Care, can my child get free meals?**
Not automatically. You must still apply each year.
5. **Can I apply later in the year?**
Yes. If your income changes, your household grows, or you begin receiving benefits like SNAP or TANF, you may apply at any time.
6. **How should military families report income?**
Include basic pay, COLA, bonuses, and cash allowances for off-base housing, food, or clothing.
Do **not** include BAH if living on base. In FNSB, BAH **must** be reported if living off base.
7. **Will the information I give be checked?**
Yes, and we may ask for documentation of the household income you report

8. What if our income varies?

Use your current or prior month income before deductions. If you work seasonally, or self-employed call our office for assistance. 907-451-1004

9. Do I use income before or after taxes?

When reporting household income, use the gross income—the amount earned before any taxes or deductions are taken out.

10. What if a household member has no income?

Write "0" or leave the field blank.

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 a U.S. citizen to qualify for free or reduced price meals

12. What if there isn't enough space to list everyone living in the household on the application?

Use a second application page to list additional household members and attach it.

13. What if I disagree with the decision on my application?

Call Nutrition Services at 451-1004. If the issue is unresolved, contact the FNSBSD hearing official, Andy DeGraw, at (907) 452-2000 ext. 11302

Instructions for Completing the Application

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>

Copies of paper applications DO NOT WORK

Application Must be in BLACK or BLUE INK

STEP 1 — All Children in School in the Household

Student ID	Last Name	First Name	Date of Birth	Grade	Foster	Homeless	Migrant	Runaway	Head
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐

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

STEP 2 — Assistance Programs
 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / If you answered NO > Complete STEP 3. If you answered YES >

Case Num-

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												PFD Ap-		
	How Often?				Public Assis-	How Often?				Pensions / Re-	How Often?				
	W	E	T	M			W	E	T		M		W	E	T

Total Household Size

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

Check if no

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
	X	M M D D Y Y

Street Address (if availa-

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

☐ Everyone who lives in the household (including students from step 1) MUST be listed.

☐ ALL income must be listed

☐ Total Household Size must match number of names listed

☐ SSN needed OR check no SSN box.

☐ Printed Name & Signature of adult completing the form & Date form is completed is **REQUIRED**

Military Income Information

What Counts as Income on the Free & Reduced Meal Application?

YES! Counted as Income

BAS

COLA

SRB

CLOTHING

BASE PAY

SAVE PAY

NO! Is not Counted as Income

HFP/IDP

(Received while member is deployed in combat zone)

FSH

(Received while member is deployed in combat zone)

FSSA

TLA

MAYBE!

BAH If a family lives on Ft. Wainwright or Eielson AFB,

BAH is not included in the gross income. Any other housing IS considered the Private Housing Market and BAH MUST be included. DEIP for active duty who agree to extend their service during deployment.

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT															
ID	NAME (Last, First, MI)		SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED					
				ES	040211	04	100210	AF		1-31 JUL 08					
ENTITLEMENTS			DEDUCTIONS			ALLOTMENTS			SUMMARY						
Type	Amount		Type	Amount		Type	Amount								
A	BASE PAY	2247.30	FEDERAL TAXES	88.45		DISCRETIONARY ALT	1521.00		+Amt Fed						
B	BAS	294.43	FICA-SOC SECURITY	139.55		TRICARE DENTAL	11.58		+Tot Ent						
C	BAH	1725.00	FICA-MEDICARE	32.69					-Tot Ded						
D			SGLI	27.00					+Tot Alt						
E			AFRH	.50					+Net Amt						
F			FAMILY SGLI	5.50					-Cr Fwd						
G			TSP	112.37					+EOM Pay						
H			VID-MONTH-PAY	1164.47											
I															
J															
K															
L															
M															
N															
O															
TOTAL		4266.73	1570.22			1532.58									
LEAVE	BR BX	25.5	25.0	Unl	1	Cr B31	39.5	ETS Bal	85.5	Lv Lost	.0	Lv Paid	.0	Use/Lose	0
FICA	Wage Period	2247.30	2247.30	Wage YTD	8402.50	Soc Tax YTD	892.94	Med Wage YTD	16602.50	Med Tax YTD	228.83	STATE TAXES	AK	St	00
PAY DATA	BAQ Type	WDEP	Depth	VHA Zip	08641	Rent Amt	.00	Share	1	Stat	R	JFTR	Depns	0	
THRIFT SAVINGS PLAN (TSP)			Rate	Base Pay Current		Spec Pay Rate		Spec Pay Current	.00	Inc Pay Current	.00	Inc Pay Current	.00	Bonus Pay Rate	.00
REM															
<p>Use this section to report income as monthly. Do not include BAH if living on base.</p>															
<p>BASE AIRMAN & FAMILY READINESS CTR FOR DETAILS. -IF YOU GAMBLE WITH SAFETY...YOU BET YOUR LIFE. -ELECTIONS ARE COMING! UPDATE YOUR ADDRESS TO GET AN ABSENTEE BALLOT. REQUEST YOUR BALLOT FOR THE PRESIDENTIAL AND STATE ELECTIONS. SEE YOUR VOTING ASST. OFFICER OR WWW.FVAP.GOV. TSP 080701(183) RATE CHG SGLI 080701(183) CHANGE GRADE 080701(184) BAH BASED ON WDEP, ZIP 08641 BANK ACCT #</p>															