



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-

Case #

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	M

Total Household Size

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		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	08641	VHA Zip	.00	Rent Amt	.00	Share	1	Stat	R	JFTR	Depns
THRIFT SAVINGS PLAN (TSP)				Rate		Base Pay Current		Spec Pay Rate		Spec Pay Current		Inc Pay Current		Inc Pay Current	
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>															