

2015 - 2016 CONFIDENTIAL ANCHORAGE SCHOOL DISTRICT Application for Meal Benefits

Anchorage School District, Student Nutrition Department, 1307 Labar St., Anchorage, AK 99515, Hours: 7:30am-4:00pm M-F, Phone 348-5145 Fax: 348-5233

READ INSTRUCTIONS ON BACK. PRINT NEAT CAPITAL LETTERS WITHIN BOXES WITH BLUE/BLACK INK ONLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

ASSISTANCE/FOOD STAMPS: If you are receiving Food Stamps (SNAP), or Temporary Assistance to Needy Families (TANF) benefits for your children, list 8-digit Case Number, and proceed to Parts 2 and 8. DO NOT use Medicaid or Denali KidCare Number. See Reverse if more than one Case Number in your household or if any student in part 2 is not covered by this case number.

LIST ALL CHILDREN IN YOUR FAMILY FOR WHOM YOU ARE APPLYING WHO ATTEND THIS DISTRICT'S SCHOOLS. List names EXACTLY as they are registered. Print only in boxes. Do not write notes on application, or put zeros or lines in boxes that do not apply.

Table with columns: Student's Birth Date, Student's First Name, Student's Last Name, Grade, School Name, Student Income Information Required, If No Income, put X in this box, Student(s) Only Income. Includes a large '2015 16' watermark.

Do Not Write in This Shaded Area

ALL OTHER HOUSEHOLD MEMBERS: DO NOT INCLUDE THE STUDENTS LISTED ABOVE.

REPORT ALL CURRENT MONTHLY INCOME RECEIVED LAST MONTH BEFORE TAXES AND DEDUCTIONS. DO NOT TOTAL INCOME DOWN OR ACROSS OR LIST SAME INCOME TWICE.

List Full Names of along with INCOME INFORMATION; Be sure to include non-school age children. DO NOT REPEAT THE STUDENT(S) LISTED ABOVE.

If NO income, put X in this box

GROSS earnings before deductions; Include all jobs

Welfare payments, child support, alimony

Permanent disability, other income

SOCIAL SECURITY NUMBER: The household adult who completed this application MUST SIGN and include the last four digits of their Social Security number. If you DO NOT have a Social Security number, check the box provided.

SSN input fields: \*\*\*-\*\*-\*\*\*\*, I DO NOT HAVE A SSN: [ ]

CERTIFICATION: I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

HOUSEHOLD ADULT (21 OR OLDER) SIGNATURE REQUIRED MUST be listed in Part 4 also

Signature line with 'X' mark

First Name input fields

Last Name input fields

LOCAL Daytime Telephone Number input fields

DATE SIGNED input fields and QR code

ENTER THE TOTAL HOUSEHOLD MEMBERS The number you enter MUST equal the number of names from Part 2 and Part 3.

APPLICATION WILL BE RETURNED IF THIS SECTION IS NOT COMPLETE ALASKA PERMANENT FUND DIVIDEND (PFD). Write NUMBER of all household members who QUALIFY for PFD's even if all or part of the check was garnished or not received. Write "0" if none qualify.

Issued October 2014 Complete PRIOR to 1/1/16 [ ] [ ] Issued October 2015 Complete AFTER 1/1/16 [ ] [ ]

Homeless, Migrant, Runaway, Head Start: If any child for whom you are applying is (H) Homeless, (M) Migrant, (R) Runaway, or (HS) Head Start, check the appropriate box and call the CIT/Homeless liaison at 742-3833, Migrant Education at 742-4275 or Head Start at 742-3835.

Official Use Only - DO NOT WRITE IN THIS BOX Free Reduced Denied HS CM Verified Date TMI Official TPF

**Information Statement: This explains how we will use the information you give us.** The 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 children for free or reduced-price meals. The last four digits of the Social Security Number of the adult household member who signs the application is required unless you list Food Stamps (SNAP), TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced-price meals, to run the program, and to enforce the rules of the program. 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 misuse of program rules. **Non-discrimination Statement:** The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

## INSTRUCTIONS FOR APPLYING

- A. PLEASE READ CAREFULLY; INCOMPLETE APPLICATIONS WILL BE RETURNED.
- B. Student names MUST be exactly as registered at school.
- C. Processing time is 10 working days AFTER received at Student Nutrition.
- D. Notification letters will be mailed to registered address. Address changes must be changed with the schools.
- E. Meal status will be conveyed electronically to the school cafeterias

### PART 1 - ASSISTANCE/FOOD STAMPS

List current Food Stamp (SNAP) or TANF number.  
If Part 2 children have a case number different from that in Part 1, use separate applications for such children.  
Complete Part 1, all of Part 2 and sign application.  
If any Part 2 children are not covered by any case number, use separate income application.

### PART 2 - Student Information; ALL HOUSEHOLDS COMPLETE THIS PART

Be certain to list all of your children **IN THIS DISTRICT'S SCHOOLS FOR WHOM YOU ARE APPLYING**. Complete ALL information in this section. List student names EXACTLY as registered.  
**YOU MUST LIST GROSS INCOME OR CHECK NO INCOME FOR EACH CHILD LISTED.** List other children, no matter what age for whom you are NOT applying, under Part 3 with the rest of the household.  
**Color Circle Frequency of Income Received: W=Weekly, 2W=Every Two Weeks 2M=Twice Monthly, M=Monthly**

### PART 3 - All Other Household Members

Write names of each household member, including yourself, whether related or not.  
**Do NOT** include the names of students in Part #2  
**YOU MUST LIST THE GROSS INCOME OR CHECK NO INCOME FOR EACH MEMBER LISTED.**  
If income varies, take the average of several months.  
If self-employed, use adjusted gross income only. (Earnings less expenses)  
**Color Circle Frequency of Income Received: W=Weekly, 2W=Every Two Weeks 2M=Twice Monthly, M=Monthly**  
**MILITARY:** Must list all earnings, including all entitlements, except for on-base Privatized Housing or most deployed pay.  
If the combat pay is received in addition to their basic pay because of their deployment and it wasn't received before they were deployed, combat pay is not counted as income.  
Military families are encouraged to send the LES with this application.

### PART 4 -Total Household Members

Add names in #2 and #3 together

## INCOME TO REPORT

### I. Earnings from Employment:

Wages/Salaries/Tips  
Strike Benefits  
Unemployment Compensation  
Worker's Compensation  
Net Income from Self-Owned Business

### II. Pensions/Retirement:

Pensions  
Supplemental Security Benefits  
Retirement income  
Veteran's Payments  
Social Security

### III. Other Income:

Any other income  
Cash Withdrawal from business or farm  
Disability Benefits  
Interest/Dividends  
Income from Estates/Trusts/Investments  
Regular contributions from others not living in household  
Net Royalties, Annuities  
Rental Income  
Native dividends that exceed \$2,000 per person per year  
Public Assistance  
Child Support Payments  
Alimony  
Job #2

### PART 5 - Homeless, Migrant, Runaway, Head Start

If any child for whom you are applying is (H) Homeless, (M)Migrant, (R), Runaway or (HS) Head Start, check the appropriate box and call the CIT/Homeless liaison at 742-3833, Migrant Education at 743-4275 or Head Start at 742-3835.

### PART 6 -Alaska Permanent Fund Dividend (PFD).

#### REQUIRED that this section is COMPLETE

List total number of household members who had a PFD in their name whether all or part of it was garnished or otherwise not received.

A ZERO IS REQUIRED in appropriate space if the PFD does not currently apply to any family member  
Student Nutrition will calculate on a prorated monthly basis the household PFD earnings, which are added to the monthly income.

### PART 7 - SOCIAL SECURITY NUMBER

All Applications must have the signature of an adult (21 or over) household member.  
The application signer must list the last four digits of their Social Security number. If the signer does not have a Social Security number, they must check the box indicating same.  
FOOD STAMPS (SNAP), TANF and FOSTER CHILD applications do not require a Social Security number.

### PART 8 - Signature

Every application must be signed by household adult (21 or over) completing application. Signer MUST be listed in Part 3.

### Completed Applications

Completed applications may be left at any school, or mailed or faxed to Student Nutrition

### Application Online Submission

This application is on the Anchorage School District Web site ([www.asdk12.org](http://www.asdk12.org)). Under Parent heading, navigate through words 'meals' 'menus' 'applications' to reach Free & Reduced meal application. ALL ENGLISH applications MAY BE SUBMITTED ONLINE (preference), or as with the Foreign Applications (Spanish, Samoan, Hmong, Korean, Tagalog), may be completed, downloaded and sent to us.

Student Nutrition Department  
1307 Labar Street  
Anchorage, AK 99515-3516  
Phone: (907) 348-5145  
Fax: (907)348-5233  
Hours: weekdays 7:30am - 4:00pm