

2022-23 LETTER TO HOUSEHOLDS

Dear Hope-Page School District Family,

Children need healthy meals to learn. The Hope-Page School District offers healthy meals every school day. **Rates are included in this application.** Other programs such as Title I rely on area income eligibility. **If your household income is below the numbers in the chart below, please fill out the enclosed income application and return to the school.**

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Alli Roller, Business Manager Hope-Page School District PO Box 100 Hope, ND 58046
- WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) the Food Distribution Program on Indian Reservations (FDPIR) or the Temporary Assistance Program for Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
- CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** If you haven't been told your children will get free meals, please call the school at 701-945-2473 to see if they qualify.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter carefully and follow the instructions.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only applicable to this school year for the first few days. You must send in a new application unless the school told you that your child is eligible for the new school year.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may also ask you to send written proof of income.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP TANF or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Ian Grande – ian.grande@k12.nd.us or 701-945-2473.
- 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 U.S. citizens to qualify for free or reduced price meals.
- WHOM SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
- WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you receive an off-base housing allowance, it must be included as income.
- MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

FEDERAL INCOME CHART
For School Year 2022-2023 Reduced-Price Limits

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Each Additional Person: |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|-------------------------|
| Yearly | \$25,142 | \$33,874 | \$42,606 | \$51,338 | \$60,070 | \$68,802 | \$77,534 | \$86,266 | \$8,732 |
| Monthly | \$2,096 | \$2,823 | \$3,551 | \$4,279 | \$5,006 | \$5,734 | \$6,462 | \$7,189 | \$728 |
| 2x per Month | \$1,048 | \$1,412 | \$1,776 | \$2,140 | \$2,503 | \$2,867 | \$3,231 | \$3,595 | \$364 |
| Every 2 Weeks | \$967 | \$1,303 | \$1,639 | \$1,975 | \$2,311 | \$2,647 | \$2,983 | \$3,318 | \$336 |
| Weekly | \$484 | \$652 | \$820 | \$988 | \$1,156 | \$1,324 | \$1,492 | \$1,659 | \$168 |

If you have other questions or need help, please call the school at 701-945-2473 or email alli.roller@k12.nd.us

Alli Roller, Business Manager

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the Hope-Page School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Alli Roller, Business Manager Hope-Page School District PO Box 100 Hope, ND 58046

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Hope-Page School, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Hope-Page School? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Hope-Page. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or ND SNAP.
- Temporary Assistance for Needy Families (TANF) or ND TANF.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Agassiz Valley Human Services at 701.636-5220.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
 - o Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes.
 - o Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - o People who live with you but are not supported by your household's income AND do not contribute income to your household. Children and students already listed above.

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members listed in STEP

If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to Hope-Page School District PO Box 100 Hope, ND 58046

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.



2022-2023 Application for Free or Reduced-Price Meals

Complete one application per household. Please use a pen (not a pencil).

Hope-Page School District

PO Box 100 Hope, ND 58046

Apply online: <https://apply4schoolmeals.dpi.nd.gov>

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Table with columns: Child's First Name, MI, Child's Last Name, School, Grade, Foster?, Homeless, Migrant or Runaway.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: (mark which program) SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3 IF YES> Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL income received by children.

Child's Income: \$ _____

Small table for frequency: How often?, Wk, BiWk, 2xMo, Mo.

B. All Adult Household Members (including yourself): List all household members not listed in STEP 1 (including yourself) 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.

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Main table for reporting income with columns for Name of Each Adult Household Member, Gross Wages from Work, Net Income from Farm or Self-Employment, Other Support, and All other Income.

Total Household Members _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X - [] [] [] [] XX- _____ (X if NO Social Security Number) Does your child have health insurance? Many children who qualify for free and reduced-priced meals may also qualify for low-information or to see if your child may qualify, visit <https://www.applyforhelp.nd.gov/> or call 1-844-854-4825. cost or free health coverage. For

STEP 4 Contact information and adult signature. Mail Completed Form to: INSERT SCHOOL NAME AND ADDRESS HERE

"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) _____

Do Not Fill Out - For School Use Only

Annual Income Conversion: (Weekly x52; Every 2 Weeks x26; Twice a Month x24; Monthly x12) Total Income _____ Approval: Case Number _____ Free _____ Reduced _____ Denied _____

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____

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 |
| 1. Social Security <ul style="list-style-type: none"> • Disability Payments • Survivor's Benefits | (1) A child is blind or disabled and receives Social Security benefits (2) 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 |
|---|---|---|
| - Salary, wages, cash bonuses - Net income from self-employment (<u>Farm or Business</u>): <i>if number is negative, write in \$0</i> <u>If you are in the U.S. Military:</u> - Basic pay and cash bonuses (do NOT include combat pay, | - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits | <ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household |

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.

Ethnicity (Check one) Hispanic or Latino 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 that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> 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 (833) 256-1665; or
EMAIL: program.intake@usda.gov

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

Return completed form to your child's school.

This institution is an equal opportunity provider.

HOPE-PAGE 2022–2023 SCHOOL FEES

Approved: 7/13/2022

1) CLASS/TECH/SUPPLIES FEES (Required of ALL Students)

\$50.00 Grades Pre-K- 6

\$75.00 Grades 7-12

ATHLETIC ADMISSION:

\$5.00 Students

\$7.00 Adults

Students who are spectators will be charged the \$5.00 admission fee to Varsity sport events until such time as their Class Fee is paid.

2) PRE-K FEE

\$500.00 (Monthly) \$4500.00 (Yearly)

\$100.00 (Monthly-Little League 3yr olds)

3) DRIVERS EDUCATION

\$150.00 (8th Graders Only)

4) OPTIONAL AFTERNOON MILK BREAK (Grades PK–6)

\$7.00 (Ticket of 20) or \$56 (Yearly)

5) SCHOOL FOOD SERVICE

| | <u>Daily Rate</u> | <u>/</u> | <u>Monthly Ticket</u> | <u>/</u> | <u>YEAR</u> |
|--------------------|-------------------|----------|-----------------------|----------|-------------|
| Breakfast PK–12 | (\$1.00) | | \$20.00 | | \$171.00 |
| Lunch PK-6 | (\$3.20) | | \$64.00 | | \$547.20 |
| Lunch 7-12 | (\$3.40) | | \$68.00 | | \$581.40 |
| Breakfast Adult | (\$1.35) | | \$27.00 | | \$230.85 |
| Lunch Adult | (\$4.25) | | \$85.00 | | \$726.75 |
| Reduced (Pre-K-12) | (\$.40) | | \$ 8.14 | | \$69.20 |

6) EXTRA MILK AT LUNCH — Cash basis only, \$.35 per half pint

(All 7-12 students and adults will have the option of 2 milks included with a meal)

7) MUSIC INSTRUMENTAL RENTAL \$75.00/\$50.00

Students will be charged a \$75.00 rental fee for using school owned brass, keyboard, or percussion equipment. Of that fee, \$25.00 will be refunded after the completion of school if the equipment is returned in like condition as it was received less normal use. The music teacher will make that determination.

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION INFORMATION RELEASE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

CHILD NUTRITION AND FOOD DISTRIBUTION

(Rev. 6/11) G/Tools/SNP/Free and Reduced Price Meal Application Information Release

It is not necessary to fill out the Information Release form in order to participate in the school nutrition programs. By signing the form, you are giving school nutrition program personnel the permission to release the information provided in your application for Free or Reduced Price Meals. The information will only be released in school related programs to determine eligibility for waiving fees or to determine if other benefits are available to your child(ren).

You have my permission to release the information contained in the School Year _____ Free and Reduced Price Meal Application for my child(ren) listed below:

| |
|--------------------------------|
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |
| Name of Child (first and last) |

The information provided on the Free and Reduced Price Meal Application can be used for the programs marked below:

| | | |
|---|--|--|
| <input type="checkbox"/> Bus fees | <input type="checkbox"/> Extra-curricular activities | <input type="checkbox"/> School supplies |
| <input type="checkbox"/> Tutoring, career/college exploration (as offered by Federal TRIO programs) | | |
| <input type="checkbox"/> Other (describe) | | |

I certify that I am the parent/legal guardian of the child(ren) listed above.

| | |
|------------------------------------|------|
| Signature of Parent/Legal Guardian | Date |
|------------------------------------|------|