

## 2023-24 Application for Free or Reduced-Price Meals

Complete one application per household for all children. Please use a pen (not a pencil). **Mail or return completed form to:** Hope-Page School District #85 PO Box 26 Page, ND 58064

**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 of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

| Child's First Name (list all children in household) | M | Child's Last Name | School | Grade | Mark all that apply. | Foster Child | Migrant | Homeless or Runaway |
|---|---|-------------------|--------|-------|----------------------|--------------|---------|---------------------|
|   |   |                   |        |       | ☐                    | ☐            | ☐       | ☐                   |
|   |   |                   |        |       | ☐                    | ☐            | ☐       | ☐                   |
|   |   |                   |        |       | ☐                    | ☐            | ☐       | ☐                   |
|   |   |                   |        |       | ☐                    | ☐            | ☐       | ☐                   |
|   |   |                   |        |       | ☐                    | ☐            | ☐       | ☐                   |

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Medical assistance does not qualify. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDPIR Case Number (between 4-9 digits, do not report EBT card number) \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3.)

**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, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

| Total Income Received by All Children | Weekly | Bi-weekly | 2x Month | Monthly |
|---------------------------------------|--------|-----------|----------|---------|
| \$ _____                              | ☐      | ☐         | ☐        | ☐       |

**B. All Adult Household Members (including yourself).** For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

| Names of All Adult Household Members (First and Last)   | Gross Earnings from Working at Jobs |           |          |         |   | Are you Self-Employed or a Farmer? |        |  | Any Other Gross Income |           |          |         |   |  |
|---|-------------------------------------|-----------|----------|---------|---|------------------------------------|--------|--|------------------------|-----------|----------|---------|---|--|
| List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college. | Weekly                              | Bi-weekly | 2x Month | Monthly | Report income before deductions or taxes in whole dollars (no cents). | Monthly                            | Yearly | Net income from Farm or Self-Employment. Do not duplicate elsewhere. | Weekly                 | Bi-weekly | 2x Month | Monthly | SSI, Unemployment, Public Assistance, Child Support, and others on Page 2 |  |
|   | ☐                                   | ☐         | ☐        | ☐       | \$ _____  | ☐                                  | ☐      | \$ _____   | ☐                      | ☐         | ☐        | ☐       | \$ _____  |  |
|   | ☐                                   | ☐         | ☐        | ☐       | \$ _____  | ☐                                  | ☐      | \$ _____   | ☐                      | ☐         | ☐        | ☐       | \$ _____  |  |
|   | ☐                                   | ☐         | ☐        | ☐       | \$ _____  | ☐                                  | ☐      | \$ _____   | ☐                      | ☐         | ☐        | ☐       | \$ _____  |  |
|   | ☐                                   | ☐         | ☐        | ☐       | \$ _____  | ☐                                  | ☐      | \$ _____   | ☐                      | ☐         | ☐        | ☐       | \$ _____  |  |

**STEP 4:** An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number box.

**A. Last Four Digits of Social Security Number (SSN) of Adult Household Member:** XXX-XX-☐☐☐☐ Or  I do not have a Social Security Number

**B. Attestation & 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."

X \_\_\_\_\_  
**SIGNATURE of Adult Completing Application (Form must be signed to be complete.)**      **DATE**

Print Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Total Number of All Household Members**  
(Children + Adults) Here:

**SCHOOL OFFICE USE ONLY**       Error Prone Application

Case # Application     Foster Application     Directly Certified: *Date of Disregard:* \_\_\_\_\_

Income Application       Homeless/Migrant/Runaway

Household Size: \_\_\_\_\_

Total Income: \$ \_\_\_\_\_ Per:  Week  Bi-Weekly (Every 2 Wks)  2x Month  Monthly  Annual

Eligibility: Federal Free (130%) \_\_\_\_\_ Reduced (185%) \_\_\_\_\_ State Free (200%) \_\_\_\_\_ Denied \_\_\_\_\_

*Determining Official's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Selected For Verification: *Confirming Official's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Verifying Official's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Reason for Denial**  
 Income Too High  
 Incomplete App

**INSTRUCTIONS: Sources of Income**

**Sources of Income for Children**

| Sources of Child Income   | Examples   |
|---|--|
| <ul style="list-style-type: none"> <li>Earnings from work</li> <li>Social Security                             <ul style="list-style-type: none"> <li>a. Disability Payments</li> <li>b. Survivor's Benefits</li> </ul> </li> <li>Income from person outside the household</li> <li>Income from any other source</li> </ul> | <ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul> |

**Sources of Income for Adults**

| Earnings from Work  | Public Assistance / Alimony / Child Support   | All Other Income   |
|---|---|--|
| <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses (before deductions or taxes)</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:                             <ul style="list-style-type: none"> <li>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>b. Allowances for off-base housing, food and clothing</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Cash Assistance from State or local government</li> <li>Supplemental Security Income</li> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul> | <ul style="list-style-type: none"> <li>Social Security</li> <li>Disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul> |

**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. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

**Step One: Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

**Step Two: Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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 is not required when you apply on behalf of a foster child or 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 look into 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.

**Nondiscrimination Statement:** *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/ad-3027.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:*

Mail: \* U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(1) Fax: (833) 256-1665 or 202-690-7442; or

(2) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

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

**Income Determination:** Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number.

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Return completed form to your child's school.