



PO Box 226
Tok, AK 99780

Dear Parent/Guardian:

Children need healthy meals to learn. Tok School offers healthy meals every school day. Breakfast costs \$3.00; lunch costs \$4.00 Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40for lunch.

1. 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: [name, address, phone number].**

2. Who can get free meals? Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? Please call [school, homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the school at [phone number] if you have questions.

6. 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.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. 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 getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

9. 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: [name, address, phone number].

10. 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.

11. Who 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 who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **Ann Pennington 883-5151 ext 119.**

*Si necesita ayuda, por favor llame al teléfono: **Ann Pennington 883-5151 ext 119.***

*Si vous voudriez d'aide, contactez nous au numéro: **Ann Pennington 883-5151 ext 119.***

Sincerely,



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Instructions for Applying for Free and Reduced Price School Meals

If your household gets FOOD STAMPS OR TANF, follow these instructions:

- Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.
Part 2: Check the appropriate box, if any.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form.
Part 6: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.
Part 2: Skip this part.
Part 3: Check the box and list the child's personal use monthly income, if any.
Part 4: Skip this part.
Part 5: Sign the form. A Social Security Number is not necessary.
Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, and grade.
Part 2: Check the appropriate box, if any.
Part 3: Skip this part.
Part 4: Follow these instructions to report total household income from last month.
Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your employer can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person received last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column 3–Check if no income: If the person does not have any income, check the box.
Column 4 & 5- You must check everyone who was approved for a Permanent Fund Dividend, even if part or the entire dividend was garnished. Your application cannot be approved if this information is missing.
Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 6: Answer this question if you choose to.



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2009-2010 Free & Reduced Price School Meals Confidential Household App.

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #

Part 2. If the child you are applying for is **homeless, migrant, or a runaway** check the appropriate box.
Homeless Migrant Runaway . Now skip to Part 5.

Part 3. Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check the box and list the amount of the child's personal use monthly income: **Foster Child** \$_____. Now skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often for each individual.
Alaska Permanent Fund Dividend: You must check the boxes of adults and children listed below that were approved for Permanent Fund Dividend. Include everyone who was approved for a PFD, even if part or the entire dividend was garnished. **Your application cannot be approved if this information is missing.**

1. Name (List everyone in household)	2. Gross income for last month and how often it was received A=Annual; W=Weekly; E2=Every 2 Weeks; T= Twice A Month or Monthly				3. Check if NO income	4. Check if approved for a PFD in 2008	5. Check if approved for a PFD in 2009
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income			
<i>(Example) Jane Smith</i>	\$200 / T	\$150 / M	\$200 / M	\$_____/____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
Address: _____ Phone Number: _____
Social Security Number: _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional) Mark one or more racial identities:

- Asian
 American Indian or Alaska Native
 Hispanic or Latino
 Black or African American
 White
 Native Hawaiian or Other Pacific Islander
 Not Hispanic or Latino
 Other

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart

Household size	Yearly	Monthly	Weekly
1	25,031	2,086	482
2	33,689	2,808	648
3	42,347	3,529	815
4	51,005	4,251	981
5	59,663	4,972	1,148



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6	68,321	5,5694	1,314
7	76,979	6,415	1,481
	85,637	7,137	1,647
Each additional person:	8,658	722	167

To apply for additional benefits for your family, call:
Denali Kid Care
1-(888) 318-8890 (or in Anchorage 269-6529)
Women Infants and Children (WIC)

<http://www.hss.state.ak.us/ocs/nutri/Contact>

For the location of a WIC clinic near you call:
1-(800) 478-2221

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, 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.

Non-discrimination Statement:

This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Don't fill out this part. This is for school use only.			
2008 PFD \$ 2,069.00 (this amount does not include the \$1,200 stimulus check, which is not counted as income)			
<i>Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify</i>			
Meal Application completed PRIOR to 1/1/10 Use PFD issued in 2008		Meal Application AFTER 1/1/10 Use PFD Issued in 2009	
Total household members receiving PFDs _____ x \$2,069.00 = _____ (2008)			
Applications after 1/1/10- Household members receiving PFDs _____ x \$ _____ = _____ (2009)			
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12			
Total Income: _____		Household size: _____	
PFD income: _____		TOTAL Income: _____	
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Reason:			
Temporary: Free___ Reduced___ Time Period: _____ (expires after _____ days)			
Determining Official's Signature: _____		Date: _____	
Confirming Official's Signature: _____		Date: _____	
Follow-up Official's Signature: _____		Date: _____	
<i>For more information about calculating household income see the Eligibility Guidance Manual for School Meals, January 2008</i>			