

Privacy Act 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 or 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: 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, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 or (202) 720-6382 (TTY). The 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.
- D. Notification letters will be mailed to registered address. Address changes must be changed with the schools.

PART 1 - FOSTER CHILD

Application change for this year. Foster children may now be listed in Part 3 with any other students for whom family is applying. Foster Child box MUST be checked, and Foster Child's personal use income MUST be listed, or No Income box MUST BE CHECKED

PART 2 - ASSISTANCE/FOOD STAMPS

List current Food Stamp/SNAP or TANF number.
If Part 3 children have a case number different from that in Part 2, use separate applications for such children.
Complete Part 2, all of Part 3 and sign application.
If any Part 3 children are not covered by any case number, use separate income application.

PART 3 - 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.
YOU MUST LIST GROSS MONTHLY INCOME OR CHECK NO INCOME FOR EACH CHILD LISTED.
List other children for whom you are NOT applying, under Part 4 with the rest of the household .

PART 4 - 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 #3
YOU MUST LIST THE GROSS MONTHLY INCOME OR CHECK NO INCOME FOR EACH MEMBER LISTED.
If self-employed, use adjusted gross income only. (Earnings less expenses)
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 5 -Total Household Members

Add names in #3 and #4 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 6 - Homeless , Migrant, Runaway

If any child for whom you are applying is Homeless, Migrant, or a Runaway, check the appropriate box and call the CIT/Homeless liason at 742-3833 or Migrant Education at 742-4275.

PART 7 -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 8 - SOCIAL SECURITY NUMBER

All Applications must have the signature of an adult 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 9 - Signature

Every application must be signed by adult (21 or over) completing application.

Application Online

This application is on the Anchorage School District Web site (www.asdk12.org)
Click on "meals" under Parents/Students section. You may complete and download your application, but cannot actually apply online at this time.

Student Nutrition Department
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Hours: weekdays 7:30am - 4:00pm