



Anchorage School District

Student Nutrition Department

1307 Labar Street • Anchorage, AK 99515 • 907-348-5142 • www.asdk12.org/nutrition

24-25 School Year

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Anchorage School District** offers healthy meals every school day. Elementary breakfast costs \$4.00; Elementary lunch costs \$5.75. Middle School breakfast costs \$4.25; Middle School lunch costs \$6.25. High School breakfast costs \$4.50; High School lunch costs \$6.75. These prices include a reimbursable meal and do not include a la carte items such as milk and other items sold separately. If your children qualify, their breakfasts and lunches could be free or reduced-price, \$0.30 for breakfasts and \$0.40 for lunches. **Below are some common questions and answers to help you with the application process.**

1. **Who can apply?** Any household with a student attending a school requiring payment for meals may apply. For current list of Pricing Schools go to www.asdk12.org/nutrition, under "Free and Reduced Meal Application" tab.
2. **Can I apply online?** Yes! We encourage applicants to apply online. Apply online now at www.schoolcafe.com/anchorage.
3. **Who can get free or reduced-price meals?**
 - A. All children in households receiving SNAP (ex. Food stamps), FDPIR and TANF are eligible for free meals.
 - B. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - C. Children participating in their school's Head Start program are eligible for free meals.
 - D. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - E. Children may receive free or reduced-price meals if your total household's **gross income (before taxes or deductions, including the permanent fund dividend)** falls within the limits on the Federal Income Eligibility Guidelines listed below: **Federal Eligibility Income Chart for School Year 2024-2025**. Note: applications received before December 31, 2024, will include the 2023 PFD, \$1,312.00 per PFD claimed.

Household size	Annual \$	Monthly \$	Twice per month \$	Bi-weekly \$	Weekly \$
1	34,799	2,900	1,450	1,339	670
2	47,249	3,938	1,969	1,818	909
3	59,700	4,975	2,488	2,297	1,149
4	72,150	6,013	3,007	2,775	1,388
5	84,601	7,051	3,526	3,254	1,627
6	97,051	8,088	4,044	3,733	1,867
7	109,502	9,126	4,563	4,212	2,106
8	121,952	10,163	5,082	4,691	2,346
Each additional person	12,451	1,038	519	479	240

Educating All Students for Success in Life

Anchorage School Board Andy Holleman, President

Carl Jacobs, Vice President

Dora Wilson, Clerk

Kelly Lessens, Treasurer

Margo Bellamy

Dave Donley

Pat Higgins

Superintendent Dr. Jharrett Bryant

4. How do I know if my children qualify as homeless, Runaway or Migrant?

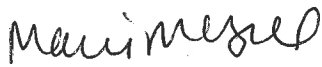
- A. Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call the child in transition liaison at (907)742-3833 or visit the CIT website at <http://www.asdk12.org/CITH>.
- B. Households participating in personal subsistence fishing (salt and freshwater), clamming, crabbing, shrimping, commercial fishing, fish processing, logging, berry picking or agricultural work may visit the Migrant Education website to take a survey to screen for eligibility <https://www.asdk12.org/migrated> or call Migrant Education at (907)742-4275.

- 5. **Do I need to fill out an application for each child?** No. Use **ONE** Free and Reduced-Price School Meals Application for **ALL** ASD students in your household, including incoming Kindergarteners and PreK. We cannot approve an application that is not complete, so please be sure to fill out all the required information. Return the completed application to your school registrar or Student Nutrition 1307 Labar St. Anchorage, AK 99515.
- 6. **Should I fill out an application if I received a letter this school year saying my children are already approved for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Student Nutrition immediately to avoid the possibility of incurring meal charges.
- 7. **My child's application was approved last year. Do I need to fill out another one?** Yes. An individual student's eligibility from the previous school year (before July 1) carries over for up to 30 operating days into the new school year, or until a new eligibility determination is made, whichever comes first. The 30 operating days begins on the first operating day of school. You must send in a new application unless you have received notification from nutrition services informing you that your child is eligible for the new school year.
- 8. **I get WIC and/or Denali Kid Care. Can my children get free meals?** Children in households receiving WIC or Denali Kid Care benefits **DO NOT** automatically qualify for free meal benefits. You must apply each school year.
- 9. **Will the information I give be checked?** Yes, we may ask for written proof of the household income or foster status you report. Proof of an active SNAP or TANF case number is the case letter from Public Assistance titled "Free School Meals/Direct Certification" dated after July 01, 2024, email this letter directly to Student Nutrition at snadmin@asdk12.org.
- 10. **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, gross income goes down, or if you start receiving SNAP (Food Stamps), TANF or other benefits.
- 11. **What if I disagree with the school district's determination of my application?** You may contact Student Nutrition to discuss your eligibility determination. You may also request a hearing by writing to: Student Nutrition Director, 1307 Labar St., Anchorage, Ak 99515.
- 12. **May I apply if someone in my household is not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
- 13. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime pay, include that amount as income. If you do not normally get overtime pay, do not include it as income.
- 14. **What if some household members have no income report?** If members of the household receive no income, please write a 0 in the field. If any income fields are left empty, we will assume their income is 0.

15. **We are in the military; how do I report our income?** Your basic pay, COLA, and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Allowance payments, it must also be included as income. You do not claim BAH if you live on base or post. BAH must be included as income for those who live off base or post. Any additional combat pay resulting from deployment is also excluded from income.
16. **What if there isn't enough space on the application for my family?** List any additional household members on a separate application and attach it to your application. Or apply online.
17. **My family needs more help.** To find out more about assistance programs in Alaska visit www.dhss.alaska.gov/dpa or call (800)478-7778 for the Division of Public Assistance's Hotline.

Contact the Student Nutrition Office via email at SNAdmin@asdk12.org or at (907)348-5145 for further assistance.

Sincerely,



Marci McGill
Senior Director, Student Nutrition

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 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.

Non-Discrimination 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **2. fax:** (833) 256-1665 or (202) 690-7442; or **3. email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Instructions for Applying for Free and Reduced-Price School Meals

- ONE APPLICATION PER HOUSEHOLD.
- A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.
- TOP LEFT CORNER OF PAPER APPLICATION MUST BE DATED FOR CURRENT SCHOOL YEAR 2024-2025.

Foster Child Application instructions: (must currently be wards of the State or Tribal Court)

If **all** children listed are foster children: Complete Steps 1 **and** 4 below.

If **some** children listed are foster children: Complete Steps 1 **through** 4 below.

Household application, INCOME and/or PFD instructions:

Step 1: List each child's student ID, name, date of birth and grade. Place an X in the box for Foster, homeless, migrant, or runaway if it applies to your child. If the child is homeless or runaway, please call Child in Transition Liaison at (907) 742-3833. If Child is Migrant, please call Migrant Education Department at (907) 742-4275 to see if your child(ren) qualify. Marking the box does not sign your child up for these services.

Step 2: If anyone in the household receives **SNAP/TANF/FDPIR** benefits see directions below.

Step 3: List ALL people living in household, income and **enter total number of household size**.

Name: List the full name of **each** person living in your household, **including yourself, all children (even babies and non-school aged), related or not (such as grandparents, other relatives, friends or foster children)**. Attach another application if needed.

Income: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.

If No Income: Mark Zero or leave blank.

Alaska Permanent Fund Dividend: Indicate whether the listed household member was **approved** to receive a PFD in **each year listed** by marking the appropriate box, even if a portion or all the dividend was garnished.

Social Security Number: Complete last four digits of signer's social security number or mark the "Check if no SSN" box.

Step 4: Sign and date the form. Please complete all contact information in case we have questions.

Optional: Ethnicity or Race are optional.

SNAP (Food Stamps), FDPIR, or TANF benefit Application instructions:

Step 1: List each child's student ID, name, date of birth, and grade.

Step 2: List the **Child's Case Number** for SNAP, FDPIR or TANF benefits and skip to Step 4.

Step 3: Skip this part.

Step 4: Sign and date the form. Please complete all contact information in case we have questions.

Optional: Ethnicity or Race are optional.

We will be asking for a copy of your child's CASE Letter dated after July 01, 2024. If you do not have a current copy, fill out application as household application, instructions above.

Examples of Income to Report

Assistance, child support, alimony	Public assistance payments
Cash withdrawn from savings interests/dividends	Regular contributions from persons not living in the household
Disability benefits	Strike benefits
Income from estates/trusts/investments	Total military entitlements
Net income from self-owned business or farm	Unemployment compensation
Net rental income	Veteran's payments
Net royalties/annuities	Wages/salaries/tips
Payments exceeding \$2,000 from native corporations	Worker's compensation
Pensions, social security, retirement	



Anchorage School District

Student Nutrition Department

School Year 2024-2025

1307 Labar Street • Anchorage, AK 99515 • 907-348-5142 • www.asdk12.org/nutrition

Applications Accepted from the Following Schools:

Elementary Schools

*Breakfast available

Alpenglow Elementary
Aurora Elementary*
Bayshore Elementary*
Bear Valley Elementary*
Birchwood ABC Elementary*
Bowman Elementary*
Campbell Elementary*
Chugach Optional School
Chugiak Elementary*
Eagle River Elementary*
Fire Lake Elementary*
Girdwood K-8 School
Government Hill Elementary*
Homestead Elementary*
Huffman Elementary
Inlet View Elementary
Kincaid Elementary
Lake Hood Elementary*
Northern Lights ABC School*
Ocean View Elementary*
O'Malley Elementary
Orion Elementary*
Polaris K-12 School
Rabbit Creek Elementary
Ravenwood Elementary

Rogers Park Elementary*
Sandlake Elementary*
Scenic Park Elementary*
Trailside Elementary*
Tudor Elementary*
Turnagain Elementary*
Ursa Minor Elementary*

Middle Schools

Goldenview Middle School
Gruening Middle School*
Hanshew Middle School*
Mears Middle School*
Mirror Lake Middle School*
Romig Middle School*

High Schools

Chugiak High School*
Dimond High School*
Eagle River High School*
Service High School*
South High School*
West High School*

Alaska Income Eligibility Guidelines

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this Federal Eligibility Chart:

*PFDs are counted as income and added to total income when selected on your application.

Household Size	Annual	Monthly	Twice per	Every Two	Weekly
			Month	Weeks	
1	34,799	2,900	1,450	1,339	670
2	47,249	3,938	1,969	1,818	909
3	59,700	4,975	2,488	2,297	1,149
4	72,150	6,013	3,007	2,775	1,388
5	84,601	7,051	3,526	3,254	1,627
6	97,051	8,088	4,044	3,733	1,867
7	109,502	9,126	4,563	4,212	2,106
8	121,952	10,163	5,082	4,691	2,346
For each additional family member add:					
	12,451	1,038	519	479	240

Apply online anytime to complete an application in minutes. It's fast, secure and confidential. Scan the QR Code or go to www.schoolcafe.com/anchorage to apply online.



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 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.

Non-Discrimination 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Anchorage School District 2024 - 2025 Application for Free and Reduced Price Meals

Complete one application per household. Please use black or dark blue ink.

Apply online at
<https://schoolcafe.com/anchorage>

STEP 1 — All Children in School in the Household

Student ID (optional)	Last Name	First Name	Date of Birth (MM/DD/YY)	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number then skip to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly

List all household members (including yourself & students) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

All Household Member Names (First and Last)	Earnings from Work	How Often?				Public Assistance / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?				PFD Approved?		
		W	E	T	M		W	E	T	M		W	E	T	M	2023	2024	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Adult Household Member Signing Application

*** - ** -

Check if no SSN

STEP 4 — Contact Information and Adult 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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

- Black or African American
 American Indian or Alaskan Native
 White
 Asian
 Native Hawaiian or Other Pacific Islander

Internal Use Only

Application#

Date

Batch#

Initials



5554