



Anchorage School District

Student Nutrition Department

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

25-26 School Year

FREE AND REDUCED-PRICE SCHOOL MEALS INFORMATION AND FREQUENTLY ASKED QUESTIONS

Dear Parent/Guardian:

Children need healthy meals to learn. Anchorage School District offers healthy meals every school day. A list of schools that charge for lunch, how to apply for free and reduced-price online, and payment methods can be found on the student nutrition website at www.asdk12.org/nutrition.

The QR Code below will take you to the Student Nutrition website where you can apply online for Free and Reduced Price Meals.



The primary source of communication is through email. Please keep contact information up to date in Parent Connect.

Meal prices:

| School Type | Breakfast Price | Lunch Price |
|---------------------------------|-----------------|-------------|
| Elementary School | \$4.50 | \$6.25 |
| Middle School | \$4.75 | \$6.75 |
| High School | \$5.00 | \$7.25 |
| Reduced-Price Meals all Schools | \$0.30 | \$0.40 |

Children may receive free or reduced-price meals if your total household's gross income (before taxes or deductions, including the Permanent Fund Dividend (PFD) falls within the limits on the Federal Income Eligibility Guidelines listed below: Federal Eligibility Income Chart for School Year 2025-2026.

Note: Applications received before December 31, 2025, will include the 2024 PFD at \$1,404.00 per PFD claimed.

Educating All Students for Success in Life

Anchorage School Board Carl Jacobs, President

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Federal Eligibility Income Chart for School Year 2025-2026:

| Household size | Annual \$ | Monthly \$ | Twice per month \$ | Bi-weekly \$ | Weekly \$ |
|------------------------|-----------|------------|--------------------|--------------|-----------|
| 1 | 36,168 | 3,014 | 1,507 | 1,392 | 696 |
| 2 | 48,896 | 4,075 | 2,038 | 1,881 | 941 |
| 3 | 61,624 | 5,136 | 2,568 | 2,371 | 1,186 |
| 4 | 74,352 | 6,196 | 3,098 | 2,860 | 1,430 |
| 5 | 87,080 | 7,257 | 3,629 | 3,350 | 1,675 |
| 6 | 99,808 | 8,318 | 4,159 | 3,839 | 1,920 |
| 7 | 112,536 | 9,378 | 4,689 | 4,329 | 2,165 |
| 8 | 125,264 | 10,439 | 5,220 | 4,818 | 2,409 |
| Each additional person | 12,728 | 1,061 | 531 | 490 | 245 |

Frequently Asked Questions:

- 1. Who can apply?** Any household with a student attending a school requiring payment for meals.
- 2. Can I apply online?** Yes, households are encouraged to apply online at www.schoolcafe.com/anchorage
- 3. Who can get free or reduced-price meals?**

Children who qualify by filing a free or reduced-price meals application are approved.

All children in households receiving SNAP (ex. Food stamps), FDPIR and TANF.

Foster children under the legal responsibility of a foster care agency or court.

Children participating in their school's Head Start program.

Children who meet the definition of homeless, runaway, or migrant.

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

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>.

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 application for all ASD students in your household, including incoming Kindergarteners and Pre - K. Fill out all required information, applications must be complete.

- 6. 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 begin 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 25-26 school year.

7. Should I fill out an application if I receive a letter for the 25-26 school year saying my children are already approved for free meals?

No, please read the letter carefully and follow the instructions. If any children in your household were missing from your eligibility notification, email Student Nutrition at snadmin@asdk12.org immediately to avoid the possibility of meal charges.

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 but may qualify based on an income application.

8. 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, 2025, email this letter directly to Student Nutrition at snadmin@asdk12.org.

9. 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) or TANF

10. What if I disagree with the school district's application decision? You may contact snadmin@asdk12.org to discuss your eligibility determination or you may also request an appeal hearing by writing to: Student Nutrition, 1307 Labar St., Anchorage, Ak 99515.

11. 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.

12. 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.

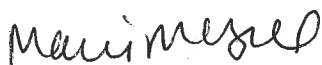
13. What if some household members have no income to report? If members of the household receive no income, please write a 0 in the field. If any income fields are left empty, we will assume their income is 0.

14. 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 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.

15. What if there isn't enough space on the application for my family? Apply online or list any additional household members on a separate application and attach it to your application.

Contact the Student Nutrition Office via email at SNAdmin@asdk12.org for questions or 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, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027 \(PDF\)](#), found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410
Washington, D.C. 20250-9410;
2. fax:
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.
- HOUSEHOLD MEMBER: IS ANY CHILD OR ADULT LIVING WITH YOU.
- APPLICATION MUST BE DATED FOR THE CURRENT SCHOOL YEAR 2025-2026 (this is located on the top left corner)

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

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: Adult household member signing application must provide last 4 digits of SSN or mark the "Check if no SSN" box.

Step 4: Sign and date the form. Complete all contact information ..

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 sign and date the form section..

Step 3: Skip this part.

Step 4: Sign and date the form. Complete all contact information.

Optional: Ethnicity or Race are optional.

We will be asking for a copy of your child's CASE Letter dated after July 01, 2025. 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 2025-2026
1307 Labar Street • Anchorage, AK 99515 • 907-348-5142 • www.asdk12.org/nutrition

Applications Accepted from the Following Schools:

Elementary Schools

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

*Breakfast available

Trailside Elementary*
Ursa Minor Elementary*

Middle Schools

Goldenview Middle
School Gruening Middle
School*

Mears Middle School*
Mirror Lake Middle
School*

High Schools

Chugiak High School*
Dimond High School*
Eagle River High School*
Service High School*
South 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 Month | Every Two Weeks | Weekly |
|--|---------|---------|-----------------|-----------------|--------|
| 1 | 36,168 | 3,014 | 1,507 | 1,392 | 696 |
| 2 | 48,896 | 4,075 | 2,038 | 1,881 | 941 |
| 3 | 61,624 | 5,136 | 2,568 | 2,371 | 1,186 |
| 4 | 74,352 | 6,196 | 3,098 | 2,860 | 1,430 |
| 5 | 87,080 | 7,257 | 3,629 | 3,350 | 1,675 |
| 6 | 99,808 | 8,318 | 4,159 | 3,839 | 1,920 |
| 7 | 112,536 | 9,378 | 4,689 | 4,329 | 2,165 |
| 8 | 125,264 | 10,439 | 5,220 | 4,818 | 2,409 |
| For each additional family member add: | | | | | |
| | 12,728 | 1,061 | 531 | 490 | 245 |

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, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027 \(PDF\)](#), found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410 Washington, D.C. 20250-9410; 2. fax: 202-690-7442; or 3. email:

Program.Intake@usda.gov. This institution is an equal opportunity provider.

Anchorage School District
2025 - 2026 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

Table with 10 columns: Student ID (optional), Last Name, First Name, Date of Birth (MM/DD/YY), Grade (Optional), Foster, Homeless, Migrant, Runaway, Head Start. Contains 5 rows for student information.

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.
Table with 10 columns: 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? 2024, PFD Approved? 2025. Contains 6 rows for household members.
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 [X] [] [] [] [] [] [] []
Today's Date [] [] [] [] [] []
Street Address (if available) [] [] [] [] [] [] [] []
City [] [] [] [] [] [] [] []
State [A] [K]
ZIP Code [] [] [] [] [] []
Home Phone Number [] [] [] [] [] []
Work Phone Number [] [] [] [] [] []
Email []

OPTIONAL — Children's Racial and Ethnic Identities

Internal Use Only

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
Application# [] [] [] [] [] [] Date [] [] [] [] [] []
Batch# [] [] [] [] [] [] Initials [] [] [] [] [] []
Barcode: 5812