

2009 - 2010 ANCHORAGE SCHOOL DISTRICT Application for Meal Benefits

Anchorage School District, Student Nutrition Department, 1307 Labar St., Anchorage, AK 99515
Phone 348-5145 Fax: 348-5233

READ INSTRUCTIONS ON BACK. PRINT NEAT CAPITAL LETTERS WITHIN BOXES WITH BLUE/BLACK INK ONLY. COMPLETE ONE APPLICATION PER HOUSEHOLD OR PER FOSTER CHILD.

1 FOSTER CHILD
EACH FOSTER CHILD MUST BE ON A SEPARATE APPLICATION

Place an X here if child is legal responsibility of Welfare Agency or Ward of the court. Complete all of Part 3, including child's personal use income. Sign and date application.

2 ASSISTANCE/FOOD STAMPS: if you are receiving Food Stamps, Alaska Temporary Assistance Program (ATAP) or Temporary Assistance to Native Families (TANF) benefits for your children, list 8-digit Case Number, and proceed to Parts 3 and 8. DO NOT use Medicaid or Denali KidCare Number. See Reverse if more than one Case Number in your household.

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3 LIST ALL CHILDREN IN YOUR FAMILY FOR WHOM YOU ARE APPLYING WHO ATTEND THIS DISTRICT'S SCHOOLS. LIST NAMES EXACTLY AS THEY ARE REGISTERED. STUDENT INCOME INFORMATION REQUIRED. PRINT ONLY IN BOXES. DO NOT WRITE NOTES ON APPLICATION, OR PUT ZEROS OR LINES IN BOXES THAT DO NOT APPLY.

If NO income, put X in this box.
STUDENT(S) ONLY: MONTHLY INCOME
List any salary, wages, Child SSI, Monthly Personal Use Income

Student's Birth Date	Student's First Name	Student's Last Name	Grade	School Name	If NO income, put X in this box.	STUDENT(S) ONLY: MONTHLY INCOME
M M D D Y Y						\$ \$ \$ \$.00
M M D D Y Y						\$ \$ \$ \$.00
M M D D Y Y						\$ \$ \$ \$.00
M M D D Y Y						\$ \$ \$ \$.00
M M D D Y Y						\$ \$ \$ \$.00
M M D D Y Y						\$ \$ \$ \$.00

Do Not Write in This Shaded Area

2009-2010

4 ALL OTHER HOUSEHOLD MEMBERS: DO NOT INCLUDE THE STUDENTS LISTED ABOVE.
Report all current monthly income received last month before taxes and deductions. Do NOT total income down or across or list SAME income twice.

List First & Last Names of everyone living in your house; Be sure to include non-school age children. DO NOT REPEAT THE STUDENT(S) LISTED ABOVE.

If NO income, put X in this box.
Gross earnings before deductions; Include all jobs MONTHLY*
Welfare payments, child support, alimony MONTHLY*
Permanent disability, other income MONTHLY*

List First and Last Names	If NO income, put X in this box.	Gross earnings before deductions; Include all jobs MONTHLY*	Welfare payments, child support, alimony MONTHLY*	Permanent disability, other income MONTHLY*
		\$ \$ \$ \$.00	\$ \$ \$ \$.00	\$ \$ \$ \$.00
		\$ \$ \$ \$.00	\$ \$ \$ \$.00	\$ \$ \$ \$.00
		\$ \$ \$ \$.00	\$ \$ \$ \$.00	\$ \$ \$ \$.00
		\$ \$ \$ \$.00	\$ \$ \$ \$.00	\$ \$ \$ \$.00
		\$ \$ \$ \$.00	\$ \$ \$ \$.00	\$ \$ \$ \$.00
		\$ \$ \$ \$.00	\$ \$ \$ \$.00	\$ \$ \$ \$.00

7 SOCIAL SECURITY NUMBER: The household adult who completed this application must sign and include their Social Security number. If you DO NOT have a Social Security number, check the box provided.

<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											-	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							-	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							I DO NOT HAVE A SSN: <input type="checkbox"/>

ADULT Social Security Number (SSN)

CERTIFICATION: I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE REQUIRED

8 X

PRINT your name in the boxes below

First Name

F	I	R	S	T	N	A	M	E						
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Last Name

L	A	S	T	N	A	M	E							
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LOCAL Daytime Telephone Number

(907)

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We do not make long distance calls

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M	M	D	D	Y	Y
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DATE SIGNED

5 **ENTER THE TOTAL HOUSEHOLD MEMBERS**
The number you enter **MUST** equal the number of names from Part 3 and Part 4.

6 APPLICATION WILL BE RETURNED IF THIS SECTION IS NOT COMPLETE

ALASKA PERMANENT FUND DIVIDEND (PFD). Write NUMBER of all household members who QUALIFY for PFD's even if all or part of the check was garnished. Write "0" if none qualify.
Issued October 2008 Complete PRIOR to 1/1/10
Issued October 2009 Complete AFTER 1/1/10

Official Use Only - DO NOT WRITE IN THIS BOX

Free _____ Reduced _____ Denied _____ HS _____
Temporary Free _____ Exp. Date _____ TMI _____
CM _____ Verified _____ Date _____ TPF _____
Official _____

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 Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, ATAP 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

Each foster child requires a separate application.

A Foster Child is the legal responsibility of a Welfare Agency or a Ward of the Court. Foster Child's PERSONAL USE INCOME INFORMATION REQUIRED.

PART 2 - ASSISTANCE/FOOD STAMPS

List current Food Stamp/ATAP or TANF number.

If children have different case numbers, use separate applications for such children.

Complete Part 2, all of Part 3 and sign 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.

Military families are encouraged to send the LES with this application.

Amounts below, or lesser amounts qualify for the Program, with totals including Permanent Fund Dividend amounts (pro-rated automatically). Amounts below refer to Gross Income (before deductions). In compliance with Federal regulations, your income will be annualized to determine status.

FEDERAL INCOME CHART			
Family 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
6	\$68,321	\$5,694	\$1,314
7	\$76,979	\$6,415	\$1,481
8	\$85,637	\$7,137	\$1,647
For EACH additional household member add:			
	\$8,658	\$722	\$167

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 incomes that exceed \$2,000 per person per year
Public Assistance
Child Support Payments
Alimony
Job #2

PART 5 -Total Household Members

Add names in #3 and #4 together

PART 6 -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 not.

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 7 - SOCIAL SECURITY NUMBER

All Applications must have the signature of an adult household member.

The application signer must list their Social Security number. If the signer does not have a Social Security number, they must check the box indicating same.

Food Stamps, ATAP, TANF and FOSTER CHILD applications do not require a Social Security number.

PART 8 - 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

1307 Labar Street

Anchorage, AK 99515-3516

Phone: (907) 348-5145

Fax: (907)348-5233

Hours: weekdays 7:30am - 4:00pm