

# APPLICATION FOR FREE AND REDUCED-PRICE MEALS

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev. 5/10) G/Tools/SNP/Application for Free and Reduced-Price Meals

1. **Households** not receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly known as Food Stamps), TANF, or Commodity assistance, complete **only section 1**, sign below and return.

2. **SNAP Households, TANF, or Commodity Recipients:** If this application is for a child(ren) receiving any of these benefits, complete **only section 2**, sign below and return.

3. **Foster Child:** If this application is for a foster child, complete **only section 3**, sign below and return.

1. **Households:** (a) List the names of EVERYONE living in your household. If you need more space, attach a separate sheet of paper. (b) List all income on the same line with the person who received it. Record income under the correct pay period category. See the back of this application for additional assistance with income. (c) Print the Social Security Number of the household member who signs the form. If this household member does not have a Social Security Number, write "none". If all children receive SNAP benefits, TANF or Commodity Assistance, DO NOT complete section 1.

HOUSEHOLD MEMBERS: List the names of all household members	SCHOOL (if applicable)	Grade	Earnings from work before deductions. Enter <b>gross</b> income under the appropriate pay period. Record each income only <b>once</b> .				Other Income		
			Weekly	Every Two Weeks	Twice a Month	Monthly	Farm/Self Employment <b>(Annual)</b> (see back)	Child Support/ Spousal Support (indicate how often)	All Other Income (interest, unemploy., Soc. Security) ( <b>indicate how often</b> )
1.									
2.									
3.									
4.									
5.									
6.									
Name of the Household Member who Signs this Form:							Social Security Number:		

2. **SNAP Households, TANF, or Commodity Recipients:** If you are NOW receiving SNAP benefits or TANF for your child(ren), enter the SNAP or TANF case number(s) in the space provided at the left. If you are now receiving Commodity assistance through the Food Distribution Program on Indian Reservations (FDPIR) for your child(ren), indicate "yes" in the space beside the notation. "FDPIR Commodity Assistance." Sign the application and return it to the school.

Case Number Providing a single case number for any member of the household will establish eligibility for all children in the household	Child's Name	School	Grade	Child's Name	School	Grade
TANF #						
F.S. #						
FDPIR Commodity Assistance						

3. **Foster Child:** In certain cases a foster child is eligible for free or reduced-price meals regardless of your household income. If you have a foster child living with you who meets the definition of a foster child as defined on the back of this application, complete this section only, sign the application and return it to the school office. **You must complete a separate application for each foster child.**

Foster Child's Name	School	Grade	<b>MONTHLY INCOME:</b> (monies received for child's personal use only, even if \$.00) \$
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**Does your child have health insurance? Many children who qualify for free and reduced priced meals may also qualify for low-cost or free health coverage. For information or to see if your child may qualify, call: 1-877-KIDS-NOW (1-877-543-7669) or online at [www.healthystepsnd.com](http://www.healthystepsnd.com)**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application, and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member		Date	Home Phone	Work Phone
Print Name (last, first)	Street Address	City	State	Zip

**Foster Children**

**DEFINITION** A foster child is a child who is living with a household, but who remains the legal responsibility of the welfare agency or court. Such a child is considered a household of one.

**INCOME FOR FOSTER CHILDREN** In determining income for the foster child, only the following should be considered.

1. Funds provided by the welfare agency that are specifically identified by category for personal use of the child, such as for clothing, school fees, and allowances. Welfare funds identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
2. Other funds received by the child. This includes but is not limited to, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.

**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 SNAP or TANF case numbers or indicate that you are receiving FDPIR commodity assistance for all children you are applying for, OR if you are applying for a foster child. If the adult household member signing the application does not have a Social Security Number, write the word "none" on the line. 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. We may share your information with Medicaid of the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid the SCHIP. You are not required to consent to the disclosure and your decision regarding disclosure will not affect your child's eligibility for free or reduced price meals.

**FOR SCHOOL USE ONLY**

Date Received	Date of Approval & Notification to Family
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Determination:  
 Approved Free       Reduced-Price       Denied

Reason For Denial:

Signature of Determining Official

**Calculating Income**

To determine yearly income:  
 If paid every week, multiply the weekly gross income by 52.  
 If paid every two weeks, multiply the gross income by 26.  
 If paid twice a month, multiply the gross income by 24.  
 If paid once a month, multiply the gross income by 12.

**Calculating Farm or Self-Employment Income**

Persons engaging in farming or who operate other types of private business where cash flow varies throughout the year, making it impossible to predict income with any accuracy may use their income tax records for the preceding calendar year and adjust for the current year. Any adjustments made for the current year must be substantiated with documents for verification purposes. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income.

**ALSO, IF YOU HAVE ADDITIONAL INCOME FROM OTHER SOURCES, THIS INCOME MUST BE TREATED AS SEPARATE AND APART FROM THE INCOME GENERATED FROM YOUR BUSINESS OR FARM VENTURE.**

The information for arriving at allowable income from a private business operation may be taken from the Income Tax Return – 1040 form.

**\*FARMING INCOME:** Add together the amounts reported on the following lines of your 1040 Form, if the amounts relate to farm income.

Line 13 \$ _____ (capital gain or loss)	
Line 14 \$ _____ (other gains or losses)	
Line 17 \$ _____ (rent, royalties, etc.)	
Line 18 \$ _____ (farm income or loss)	Total \$ _____

(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0. A **NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME**)

**\*SELF-EMPLOYED OR BUSINESS INCOME:** Add together the amounts reported on the following lines of your 1040 Form, if related to business income.

Line 12 \$ _____ (business income or loss)	
Line 13 \$ _____ (capital gain or loss)	
Line 14 \$ _____ (other gains or losses.)	
Line 17 \$ _____ (rent, royalties, etc.)	Total \$ _____

(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0). A **NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME.**

**NOTE: THIS IS FOR THE CALCULATION OF FARM AND BUSINESS INCOME ONLY. ALL OTHER INCOME RECEIVED BY THE FAMILY MUST BE LISTED ON THE FRONT OF THIS FORM.**

Date of Verification	Did Verification Change the Determination? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, explain: