### LETTER TO HOUSEHOLDS - CHARGE

Dear Family:

Children need healthy meals to learn. Oak Grove Lutheran School offers healthy meals every school day. Breakfast is not available, but lunch costs \$3.00/\$3.50. Your children may qualify for free meals or for reduced price meals. Reduced price is 40 cents for lunch.

- 1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Nicky Bogenreif: Oak Grove Lutheran School 124 N Terrace, Fargo, ND 58102.
- 2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) the Food Distribution Program on Indian Reservations (FDPIR) or the Temporary Assistance Program for Needy Families (**TANF**) can get free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
- 3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** If you haven't been told your children will get free meals, please call the school at 701-373-7146 to see if they qualify.
- 5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions.
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may also ask you to send written proof of income.
- 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, income goes down, or if you start receiving SNAP TANF or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: MIKE SLETTE MIKE.SLETTE@OAKGROVELUTHERAN.COM
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes, you or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- 12. WHOM SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
- 13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
- 14. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you receive an off-base housing allowance, it must be included as income.
- 15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

  FEDERAL INCOME CHART

For School Year 2020-201

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	\$23,606	\$31,894	\$40,182	\$48,470	\$56,758	\$65,046	\$73,334	\$81,622	\$8,288
Monthly	\$1,968	\$2,658	\$3,349	\$4,040	\$4,730	\$5,421	\$6,112	\$6,802	\$691
2x per Month	\$984	\$1329	\$1675	\$2020	\$2,365	\$2,711	\$3,056	\$3,401	\$346
Every 2 Weeks	\$908	\$1227	\$1546	\$1865	\$2,183	\$2,502	\$2,821	\$3,140	\$319
Weekly	\$454	\$614	\$773	\$933	\$1.092	\$1.251	\$1.411	\$1.570	\$160

If you have other questions or need help, call Nicky Bogenreif @ 701.373.7146.

### Sincerely,

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint-filing-cust.html">http://www.ascr.usda.gov/complaint-filing-cust.html</a>, 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 Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (833) 256-1665

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



# 2020-2021 Application for Free and Reduced-Price School Meals

**INSERT SCHOOL NAME HERE** INSERT SCHOOL ADDRESS HERE

Apply online with participating schools: https://apply4schoolmeals.dpi.nd.gov

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet.)

Determining Official's Signature-	Annual Income Conversion: (Weekly x52; Every 2 Weeks x26;	Do Not Fill Out - For Scho	Address	Signature of Adult (Form must be signed to be complete.)	"I certify (promise) that all inforn school officials may verify (check	STEP 4 Contact infor	Total Household Members	ואופוווספוס ספטוטוו.	Adults" chart will help you with the All Adult Household	The "Sources of Income for	with the Child Income section.	Income" for more information.  The "Sources of Income for Children" chart will help you	charts titled "Sources of	Are you unsure what income to include here?		STEP 3 Report Incon		STEP 2 Do any House	information.	Free and Reduced Price School Meals for more	Migrant or Runaway are eligible for free meals.	children who meet the definition of <b>Homeless</b> ,	even if not related."  Children in <b>Foster care</b> and	Definition of Household  Member: "Anyone who is living with you and shares income and expenses,
Date-	Weekly x52; Every 2 Weeks x26; Twice a Month x24; Monthly x12)	For School Use Only	City	e signed to be complete.)	"I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understar school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and	Contact information and adult signature. Mail Completed Form to:	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member							<b>B. All Adult Household Members (including yourself):</b> List all household members not listed Household Member listed if they receive income, report total income for each source in whole If they do not receive income from any source, write "0". If you enter "0" or leave any fields bit	A. Child Income: Sometimes children in the household earn or receive income Please include the TOTAL income received by children.	Report Income for ALL Household Members (Skip this step if you answered 'Yes" to	IF NO > Go to STEP 3 If YES> Write	Do any Household Members (including you) currently participate in one or more of the following assista						Child's First Name
nfirming	Monthly x1				sehold mer se informati	Form to:	SN) of Prim							<b>yourself)</b> me, repor e, write "0	hold earn c าe received	p if you a	a case nu	icipate in						<u> </u>
Confirming Official's Signature-	2) Total Income-				nbers and incomon, my children r	INSERT SCH	ary Wage Earn	€9	€	€9	€9	7.00		List all house t total income : ". If you enter	r receive income by children.	nswered Yes	If YES> Write a case number here then go to STEP 4 (Do not com	one or more						
ature	ome		State _	   	es are reported. nay lose meal b	SCHOOL NAME	er or Other Adu					Gross Pay (before deductions)  Do not enter hounly wage	Gross Wages from Work	hold member for each sourc <i>"0" or leave a</i>	·	" to STEP 2)	go to STEP 4	of the followi						Child's Last Name
				Print Name -	I unde	AND A	ılt Hou					S: Mo.	from W	s not li te in w <i>ny fielc</i>			Do not	ng ass						t Name
			Zip	H.		ADDRE	sehold					OM ten's	ork	sted ir hole d <i>ts blar</i>										
Date	_ Approval:		Daytim		nd that this information is given in connection with the receipt of Federal funds, and that I may be prosecuted under applicable State and Federal laws."	ESS HERE	××	€	€9	\$	€9	Farm or Self- Employment (after business expenses) Annual	Net Income from	in STEP 1 (including yourself) even if they do not receive income. dollars (no cents) only. Check how often income is received. ank, you are certifying (promising) that there is no income to report.	Child's Income:		plete STEP 3) Ca	nce programs: (mark which program)						
_ Verit	Case I		e Phon		on is giv		1	€9		€9	€9		ğ	ding yo ) only. <i>fying (p</i>	e: \$		Case Number:	mark v						
Verifying Official's Signature-	Case Number		Daytime Phone and Email (optional)		en in connection applicable State a				\$	5	97	Public Assistance/ Child Support/ Alimony	Other Support	urself) even if t Check how oftu romising) that t			nber:	vhich progran						School
Sign	Free		ional) _		with th		×					⊒ S B!WK	pport	hey do en inco <i>there i</i>				<b>)</b>						
ature-					e receij deral la		_					OMxS Offen:		not re ome is s <i>no ir</i>	0 I			SNAP,						
	_ Reduced			_ Date	pt of Federal ws."		(Mark if No	<del>€9</del>	<del>⇔</del>	€9	<del>()</del>	Pension/ Retirement/ Disability/ Veteran's Benefits	AI	eceive incor ; received. ; received rep	How Wk often?									Grade
					funds, and		Social Sec					MK	ther In	me. For each	BiWk			ANF, or						Mark if
Date	Denied				that		(Mark if No Social Security Number)					Mo. Symbol Mo.	ome	each	2xMo Mo.			FDPIR?						Mark if Applicable ster? Homeless, Migrant or Runaway

Sources of Inc	Sources of Income for Children
Sources of Child Income	Example(s)
- Earnings from work	<ul> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
<ul><li>Social Security</li><li>Disability Payments</li><li>Survivor's Benefits</li></ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
-Income from person outside the household	<ul> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
-Income from any other source	<ul> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Salary, wages, cash bonuses - Net income from self- employment (Farm or Business: use the number from IRS Schedule 1, Line 22; if number is negative, write in \$0	Earnings from Work	Sour
	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental</li> <li>Security Income (SSI)</li> <li>Cash assistance from State or local</li> </ul>	Public Assistance/ Alimony / Child Support	Sources of Income for Adults
trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from</li> </ul>	Pensions / Retirement/ All Other Income	3

### OPTIONAL

## Children's Racial and Ethnic Identities

observation. this section is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you based on visual We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to

Ethnicity (Check one)	Hispanic or Latino	Not Hispanic or Latino	atino		
Race (Check one or more)		American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander
Program	Assurances and Rights				

### **Assurances and Rights**

share your eligibility information with education, health, and nutrition use information from this application to see who qualifies for free or child, and children who are homeless, migrant, or runaway. application. Please contact your school to get free meals for a foster Security number. Some children qualify for free meals without an Program on Indian Reservations (FDPIR) do not need to list a Social receiving Supplemental Nutrition Assistance Program (SNAP) or list a Social Security number. Applications for children in households Social Security Number' Applications for a foster child do not need to who signs the application. If the adult does not have one, 'Check if no numbers of the Social Security number of the adult household member sure that program rules are met. Please be sure to provide the last four programs to help them deliver program benefits to your household reduced price meals. We can only approve complete forms. We may Temporary Assistance for Needy Families (TANF) or Food Distribution Inspectors and law enforcement may also use your information to make The Richard B. Russell National School Lunch Act requires that we

# The contact information below is solely to file a complaint of discrimination.

contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.). offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national

Submit your completed form or letter to USDA by: 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 usda.gov/sites/default/fles/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf and at any USDA ofce, or write a letter To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.ascr

U.S. Department of Agriculture

FAX: (202) 690-7442; or (833) 256-1665; or

Office of the Assistant Secretary for Civil Rights

EMAIL: program.intake@usda.gov.

Wou are filing

1400 Independence Avenue, SW

\*Only use this
you are filing

\*Only use this address if you are filing a complaint of discrimination.

## Return completed form to your child's school.

Washington, D.C. 20250-9410