



Dear Parent/Guardian:

Children need healthy meals to learn. Glennallen School offers healthy meals every school day. Lunch costs are as follows: Grades K-5 at \$4.00, Grades 6-12 at \$4.25 and milk is .80c. Your children may qualify for free meals or for reduced price meals. Reduced price is .40c for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- a. All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State 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 household's income is within the limits on the Federal 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 chart.

**FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-2023**

Household size	Yearly	Monthly	Weekly
1	<b>31,432</b>	<b>2,620</b>	<b>605</b>
2	<b>42,347</b>	<b>3,529</b>	<b>815</b>
3	<b>53,262</b>	<b>4,439</b>	<b>1,025</b>
4	<b>64,177</b>	<b>5,349</b>	<b>1,235</b>
5	<b>75,092</b>	<b>6,258</b>	<b>1,445</b>
6	<b>86,007</b>	<b>7,168</b>	<b>1,654</b>
7	<b>96,922</b>	<b>8,077</b>	<b>1,864</b>
8	<b>107,837</b>	<b>8,987</b>	<b>2,074</b>
Each additional person:	<b>10,915</b>	<b>910</b>	<b>210</b>

1. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? 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 or e-mail Sheryl Ross, Special Programs Director at [sross@crsd.us](mailto:sross@crsd.us) or 907-822-5356
2. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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 your students school
3. 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 you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Ann Helkenn, Food Service Administrator, 907-822-8534 or email at [amhelkenn@crsd.us](mailto:amhelkenn@crsd.us) immediately.

4. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [crsd.us](https://crsd.us) to begin or to learn more about the online application process. Contact Ann Helkenn at [amhelkenn@crsd.us](mailto:amhelkenn@crsd.us) or call 907-822-8534 **if you have any questions about the online application.**
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **October 1, 2022**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
7. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
8. 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.
9. 12. 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. If you have lost a job or had your hours or wages reduced, use your current income.
10. 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
11. 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay 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. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
12. 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
13. 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office or call 1-800-478-3537

If you have other questions or need help, call **907-822-8534**

Sincerely,



**Ann Helkenn**

**Technology Support Specialist/Food Service Administrator**

**Copper River School District**

**907-822-3234 EXT 1234**

**[amhelkenn@crsd.us](mailto:amhelkenn@crsd.us)**

# Instructions for Applying for Free and Reduced Price School Meals

*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

**If your household receives benefits from [food stamps/state SNAP] or [State TANF] or [FDPIR] Follow these instructions:**

**Part 1:** List **ALL Household Members** who are infants, children, and students up to and including grade 12.

**Part 2:** List the case number for any household member (including adults) receiving **[State SNAP]** or **[State TANF]** or **[FDPIR]** benefits.

**Part 3:** Skip this part.

**Part 4:** Indicate the number of household member receiving a **PFD**. Indicate **Total Household Members, last four digits, Social Security Number** are **not** necessary.

**Part 5:** Adult household member must sign the form.

**Part 6:** 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 this section is optional and does not affect your children's eligibility for free or reduced price meals.

**If no one in your household gets [food stamps/state SNAP] or [state TANF] benefits and if any child in your household is homeless, a migrant, runaway, or in Head Start follow these instructions:**

**Part 1:** List **ALL Household Members** who are infants, children, and students up to and including grade 12.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **[your school, homeless liaison, migrant coordinator, Head Start coordinator]**.

**Part 4:** Indicate the number of household member receiving a **PFD**. Indicate **Total Household Members**. Complete only if a child in your household isn't eligible under **Part 3**. See instructions for All Other Households. The **last four digits** of a Social Security Number are **not** necessary.

**Part 5:** Adult household member must sign the form.

**Part 6:** 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 this section is optional and does not affect your children's eligibility for free or reduced price meals.

**If you are applying for a foster child, follow these instructions:**

**If all members in the household are foster children:**

**Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Indicate **Total Household Members**. Indicate the number of household member receiving a **PFD**. The **last four digits** of a Social Security Number are **not** necessary.

**Part 5:** Adult household member must sign the form.

**Part 6:** 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 this section is optional and does not affect your children's eligibility for free or reduced price meals.

**If some of the children in the household are foster children:**

**Part 1:** List **ALL Household Members** who are infants, children, and students up to and including grade 12.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, runaway, or Head Start check the appropriate box and call **[your school, homeless liaison, migrant coordinator, Head Start coordinator]**. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** Indicate the number of household member receiving a **PFD**. List all household members with income. Check the box for each household member that has been approved for and will receive a PFD this year and/or next year.
- **Box 2 —Gross Income and How Often It Was Received:** Please report Income in Whole Dollars when possible. 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. You should be

able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. *If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.*

- Indicate **Total Household Members**.
- **Last four digits** of Social Security Number of Primary Wage Earner or Other Adult Household Member (or mark the box if s/he doesn't have one).

**Part 5:** Adult household member must sign the form.

**Part 6:** 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 this section is optional and does not affect your children's eligibility for free or reduced price meals.

<p><b>All other households, including WIC households, follow these instructions:</b></p>
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**Part 1:** List **ALL Household Members** who are infants, children, and students up to and including grade 12.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **[your school, homeless liaison, migrant coordinator, or Head Start coordinator]**. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** Indicate the number of household member receiving a **PFD**. List all household members.
- **Box 2 —Gross Income and How Often It Was Received:** Please report Income in Whole Dollars when possible. 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. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. *If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.*
- Indicate **Total Household Members**.
- **Last four digits** of Social Security Number of Primary Wage Earner or Other Adult Household Member (or mark the box if s/he doesn't have one).

**Part 5:** Adult household member must sign the form.

**Part 6:** 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 this section is optional and does not affect your children's eligibility for free or reduced price meals.

## 2022-2023 Free and Reduced Price School Meal Family Application

### PART 1. All Household members who are infants, children, and students up to and including grade 12.

*\*If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL Children (infants, children, and students up to and including grade 12.) First, Middle Initial, Last	School Name for Each Child	Grade	Foster Child

### PART 2. Benefits

If any member of your household receives [State SNAP], [FDPIR] or [State TANF], provide the name and case number for the person who receives benefits and skip to Part 5. If NO ONE receives these benefits, skip to Part 3.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

### PART 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Phone number of your school, homeless liaison, migrant coordinator, and Head Start coordinator.]

homeless ☐ migrant ☐ runaway ☐ Head Start ☐

### PART 4. Total Household Gross Income. You must tell us how much and how often.

<b>Alaska Permanent Fund Dividend (PFD)</b> Enter the number of ALL household members who QUALIFY for PFD's even if part or all the check was garnished. Issued October 2021: _____ PRIOR to 1/1/23 Issued October 2022: _____ AFTER 1/1/23	<b>Gross income how often it was received</b> ( <u>A</u> nual; <u>W</u> eekly; <u>E</u> very 2 Weeks; <u>T</u> wice A Month; or <u>M</u> onthly) If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Please report Income in "Whole Dollars" when possible			
<b>Name</b> (List ALL Adults and children in the household with income.)	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - John Smith</i>	<i>\$1500 / E</i>	<i>\$250 / M</i>	<i>\$ 0</i>	<i>\$0</i>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**TOTAL HOUSEHOLD MEMBERS (Children and Adults):** \_\_\_\_\_ Last Four Digits Of Social Security Number (SSN) Of Primary Wage Earner Or Other Adult Household Member: \* \* \* \*- \_\_\_\_\_ ☐ I DO NOT HAVE A SOCIAL SECURITY NUMBER

### PART 5. Signature (An adult household member must sign the application.)

**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."

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date Received (internal use): \_\_\_\_\_

### PART 6. Children's Ethnic and Racial Identities (Optional)

<b>Choose one ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<b>Choose one or more (regardless of ethnicity):</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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The most recent Eligibility Chart may be viewed at: [USDA Income Eligibility Guidelines for Child Nutrition Programs](#)

School Use Only	
<i>Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify</i>	
Total household members receiving PFDs _____	x \$1,114 = _____ (2021)
Applications received <b>after 1/1/23</b> - Household members receiving PFDs _____	x \$ _____ = _____ (2022)
<b>Annual Income Conversion:</b> Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12	
Sub Total Income: _____	Household size: _____
PFD income: _____	TOTAL Income: _____
Categorical Eligibility: _____ (Free)	
Income Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____	
Determining Official's Signature: _____	Date: _____
Confirming Official's Signature: _____	Date: _____
Verifying Official's Signature (appeal): _____	Date: _____
For more information about calculating household income see the <b>Eligibility Guidance Manual for School Meals</b>	

**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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).



**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For more information, you may call **Ann Helkenn** at **907-822-8534** or e-mail at **amhelkenn@crsd.us**  
Return this form to: **Your students school as soon as possible**

# SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- 
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Copper River School District**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For more information, you may call **Ann Helkenn** at **907-822-8534** or e-mail at **amhelkenn@crsd.us**  
Return this form to: **Your student's school**