APPLICATION FOR FREE AND REDUCED-PRICE MEALS - SFSP
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
(Rev, 8/11) G/Tools/SFSP/2011 Application for Free and Reduced-Price Meals - SFSP

Complete one application per household.

1. SNAP, TANF or FDPIR Benefits
Enter the SNAP, TANF or FDPIR case number for **ANY** household member currently receiving benefits: _____ (Social Security, Medicaid and EBT numbers are not accepted.) In section 2, list all children in the household, indicating their age. Do not list any adult household member names or income information. **Then go to section 3**

2. Households that do not receive SNAP, TANF or FDPIR Benefits:

- List the names of **EVERYONE** living in your household. If you need more space, attach a separate sheet of paper.
- Indicate if the household member is a foster child or receives no income by checking the box.
- For each child attending school, list the name of the SFSP program name and their age.
- List all income on the same line with the person who receives it. Record income under the correct pay period category. See the back of this application for additional assistance with income.
- Print the last 4 digits of Social Security Number of the household member who signs the form. If this household member does not have a Social Security Number, check the "I do not have a Social Security Number" box.

HOUSEHOLD MEMBERS: List the names of all household members	Check if Foster Child	Check if No Income	Program Name (if applicable)	Age	Earnings from work before deductions. Enter **gross** income under the appropriate pay period. Record each income only **once**.				Other Income **Indicate How Often Received**		
					Weekly	Every Two Weeks	Twice a Month	Monthly	Farm/Self Employment **Annual – See Back**	Child Support/ Alimony	Interest, Unemployment., Social Security, etc.
1.	☐	☐									
2.	☐	☐									
3.	☐	☐									
4.	☐	☐									
5.	☐	☐									
6.	☐	☐									

Name of the Household Member who Signs this Form:

Social Security Number (last 4 digits)
XXX-XX-_ _ _ _ ☐ I do not have a Social Security Number

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**
The information provided in the application may be shared with Medicaid or SCHIP office to seek enrollment of children into the programs. You are not required to consent to the disclosure of this information; this will not affect your students' eligibility for school meals. Your information WILL be shared unless you check the box: ☐ Please do NOT share my information with the Medicaid or CHIP office.

Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ American Indian or Alaska Native

3. 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

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are 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: 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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

FOR PROGRAM USE ONLY

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.

Date Received	Date of Approval & Notification to Family

Determination:
☐ Approved Free ☐ Reduced-Price ☐ Denied

Reason For Denial:

Signature of Determining Official

Calculating Farm or Self-Employment Income

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred while making that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 2 of the application.

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.

Line Number	Type of Income	Amount listed on Form 1040
12	Business income or (loss)	$
13	Capital gain or (loss)	$
14	Other gains or (losses)	$
17	Rent royalties, etc.	$
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.

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.