



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

NUTRITION SERVICES

1305 CHARLES STREET FAIRBANKS, ALASKA 99701 (907) 451-1004 FOODSERVICE@K12NORTHSTAR.ORG

Apply online now at <https://www.schoolcafe.com>



Dear Parent/Guardian:

School Year 2019-20

Children need healthy meals to learn. FNSBSD offers healthy meals every school day. Breakfast costs **\$2.00 (elementary)** and **\$2.25 (secondary)**. Lunch costs **\$3.50 (elementary)** and **\$3.75 (secondary)**. Reduced price is **\$.40** for lunch and reduced breakfast is **FREE!** Visitor or non-student cost for breakfast is \$3.75 and lunch is \$5.50.

1. **Can I apply online?** Yes! We encourage applicants to submit online applications! It is safe, secure and confidential, ensures expedient processing, and saves time and resources! Apply online now at <https://www.schoolcafe.com>.
2. **Who can get free or reduced price meals?**
 - Children in households receiving **SNAP, FDPIR** or **TANF** are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children who meet the definition of homeless, runaway or migrant are eligible. **Please call the Migrant Records Manager or the Homeless Education Liaison at 452-2000 x 11200 to see if your child(ren) qualify.**
 - Children living in households with income within the limits on the Federal Income Eligibility Guidelines (see application for income chart).
3. **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 process an application that is not complete, so be sure to fill out all required information. Return the completed application to: Nutrition Services Center, 1305 Charles Street, Fairbanks, AK 99701 or to your child's school.
4. **Should I fill out an application if I received a letter this school year saying my children are already approved for free meals?** Please read the letter carefully and follow the instructions. Bring the **ORIGINAL** letter to the Nutrition Services Center administrative office located at 1305 Charles Street or to the kitchen manager at the child's school. If any children in your household were missing from your eligibility notification, call or email Nutrition Services immediately.
5. **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 30 days of this school year, if your child was officially enrolled in the FNSBSD on the last school day of the last school year. You must send in a new application unless you have received notification from nutrition services informing you that your child is eligible for the new school year.
6. **I get WIC and/or Denali Kid Care. Can my child(ren) get free meals?** Children in households participating in WIC or Denali Kid Care **do not** automatically qualify for meal benefits. You must complete and submit an application each school year.
7. **Will the information I give be checked?** Yes, and we may ask for documentation of the household income you report.
8. **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, gross income goes down, or if you start receiving SNAP (Food Stamps), TANF or other benefits.
9. **What if I disagree with the determination of my application?** Please call Nutrition Services at 451-1004. If you still disagree with the determination, you can contact the FNSBSD's hearing official, Andy DeGraw, CFO at (907) 452-2000 x 11301.
10. **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 a U.S. citizen to qualify for free or reduced price meals.
11. **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.
12. **What if some household members have no income to report?** Mark 0 or leave blank.
13. **We are in the military, how do I report our income?** Your basic pay, COLA, and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Allowance payments, it must also be included as income. You do not claim BAH if you live **on** base or post. There is no housing part of the Military Housing Privatization Initiative in the FNSB, therefore, BAH must be included as income for those who live **off** base or post.
14. **Guidelines on Military Income LES Codes:** <https://www.k12northstar.org/cms/lib/AK01901510/Centricity/Domain/101/LES%208x11.pdf>
15. **My spouse is deployed to a combat zone. Is the combat pay counted as income?** No. If combat pay is received in addition to the basic pay because of deployment and it was not received before he/she was deployed, combat pay is not counted as income. Your spouse is also included as a household member even though he/she is deployed.
16. **What if there isn't enough space on the application for my family?** List any additional household members on a separate application, and attach it to your application.
17. **My family needs more help.** Are there other programs we might apply for? To find out how to apply for other assistance benefits, contact your local assistance office or call 1-800-478-3537.

FOSTER CHILDREN ONLY:

If **all** children listed are foster children: Complete Steps 1 and 4 below.

If **some** children listed are foster children: Complete Steps 1 through 4 below.

If your household receives INCOME and/or PFD follow these instructions:

Step 1: List each child's student ID, name, date of birth, grade and place an **X** in the box for foster, homeless, migrant or runaway. If the child is Homeless, Runaway or Migrant **contact the school district's Homeless Liaison (907) 452-2000 x 11431 or Migrant Records Coordinator (907) 452-2000 x 11482.**

Step 2: If anyone in the household receives SNAP/TANF/FDPIR benefits see directions below.

Step 3: List ALL people living in household and enter total number of household size.

Total Household Size (Children and Adults)		
---	--	--

Name: List the full name of **each** person living in your household, including yourself, all children, related or not (such as grandparents, other relatives, friends or foster children). Attach another application if needed.

Income: Household members may not receive some types of income asked for on the application or may not receive income at all. Any income fields left empty or blank are counted as zeros.

List last month's gross income:

To determine monthly income:

Multiply **WEEKLY** payroll x 52 ÷ 12.

Multiply **BI-WEEKLY** payroll x 26 ÷ 12

Multiply **TWICE MONTHLY** payroll x 24 ÷ 12

If No Income: Mark Zero or leave blank.

Alaska Permanent Fund Dividend: Indicate whether the listed household member was **approved** to receive a PFD in each year listed by marking the appropriate box, even if a portion or all of the dividend was garnished.

Complete last four digits of signer's social security number or check the "I do not have a Social Security Number" box.

Step 4: Sign and date the form. Please complete all contact information in case we have questions.

Optional: Ethnicity or Race are optional.

If your household receives SNAP (FOOD STAMP), ATAP, NFAP, or TANF benefits, follow these instructions:

Step 1: List each child's student ID, name, date of birth, and grade.

Step 2: List the **Case Number** and **beneficiary name** for any household member (including adults) receiving SNAP/ATAP, NFAP or TANF benefits and skip to Step 4.

Step 3: Skip this part.

Step 4: Sign and date the form. Please complete all contact information in case we have questions.

Optional: Ethnicity or Race are optional.

Examples of Income to Report

Assistance, child support, alimony	Public assistance payments
Cash withdrawn from savings interests/dividends	Regular contributions from persons not living in the household
Disability benefits	Strike benefits
Income from estates/trusts/investments	Total military entitlements
Net income from self-owned business or farm	Unemployment compensation
Net rental income	Veteran's payments
Net royalties/annuities	Wages/salaries/tips
Payments exceeding \$2,000 from native corporations	Worker's compensation
Pensions, social security, retirement	Any other income

To apply for additional benefits for your family, call:

Denali Kid Care

1-(888) 318-8890 (or in Anchorage 269-6529)

Women Infants and Children (WIC)

<http://www.hss.state.ak.us/dpa/programs/nutri/>

For the location of a WIC clinic near you call: 1-(800)-478-2221

This organization is an EEO provider.

Military Income Information

What Counts as Income on the Free & Reduced Meal Application?

YES! Counted as Income

- BAS
- COLA
- SRB
- CLOTHING
- BASE PAY
- SAVE PAY

NO! Is not Counted as Income

- HFP/IDP
- (Received while member is deployed in combat zone)
- FSH
- (Received while member is deployed in combat zone)
- FSSA
- TLA

MAYBE!

BAH If a family lives on Ft. Wainwright or Eielson AFB,
BAH is not included in the gross income.

Any other housing IS considered the Private Housing Market and
BAH MUST be included.

DEIP for active duty who agree to extend their service during deployment.

Learn how to read a military LES statement here: <https://www.military.com/spouse/military-benefits/money-management/how-to-read-a-military-les-leave-and-earnings-statement.html>

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																													
ID	NAME (Last, First, MI)		SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED																			
				ES	040211	04	100210	AF		1-31 JUL 08																			
ENTITLEMENTS			DEDUCTIONS			ALLOTMENTS			SUMMARY																				
Type	Amount		Type	Amount		Type	Amount																						
A	BASE PAY	2247.20	FEDERAL TAXES	88.48		DISCRETIONARY ALT	1621.00		+Amt Fed .00																				
B	BAS	204.43	FICA-SOC SECURITY	139.33		TRICARE DENTAL	11.59		+Tot Ent 4266.73																				
C	BAS	1725.00	FICA-MEDICARE	32.69				-Tot Ded 1570.22																					
D			SGLI	27.00				-Tot Alt 1532.58																					
E			AFRH	.60				+Net Amt 1163.96																					
F			FAMILY SGLI	5.60				-Cr Fed .00																					
G			TSP	112.37				+EOM Pay 1163.96																					
H			MID-MONTH-PAY	1164.47																									
I																													
J																													
K																													
L																													
M																													
N																													
O																													
TOTAL		4266.73			1570.22			1532.58																					
LEAVE	SF Bal	25.5	Emd	35.0	Used	11	Cr Bal	39.5	ETS Bal	85.5	Lv Lost	.0	Lv Paid	.0	Use/Lose	0	FED TAXES	2134.93	Wage Period	13682.36	Wage YTD	M	Ex	02	Add'l Tax	.00	Tax YTD	293.01	
FICA TAXES	Wage Period	2247.20	Soc Wage YTD	14402.50	Soc Tax YTD	892.94	Med Wage YTD	14559.50	Med Tax YTD	228.63	STATE TAXES	AK	St	00	Wage Period	.00	Wage YTD	.00	M/S	N	Ex	00	Tax YTD	.00					
PAY DATA	BAQ Type	WDEP	BAQ Depth	SPROUSE	VHA Zip	08641	Rent Amt	.00	Share	1	Stat	R	JFTR	0	Depns	0	2D JFTR	0	BAS Type		Char'y YTD	.00	TPC		PACIDN				
THRIFT SAVINGS PLAN (TSP)	Base Pay Rate	5	Base Pay Current	.00	Spec Pay Rate	0	Spec Pay Current	.00	Inc Pay Current	0	Inc Pay Current	.00	Bonus Pay Rate	0	Bonus Pay Current	.00	TSP YTD Deductions	720.14	Deferred	720.14	Exempt	.00							
REMARKS:	YTD ENTITLE 27768.11				YTD DEDUCT 2557.92																								
IF TSP ELECTION AMT EXCEEDS NET AMT DUE, TSP WILL NOT BE DEDUCTED. -LEAVE CARRYOVER INCREASED TO 75 DAYS FOR FY08. NO ACTION REQUIRED BY MEMBERS. DFAS WILL BEGIN RESTORING AFTER 1 OCT 08. -MYPAY HAS ALLOWED MBR'S TO ELECT A HARD-COPY LES VIA US MAIL. AF POLICY IS TO PROVIDE AN ELECTRONIC LES. EFF 1 OCT (SEP LES). AF WILL NO LONGER PRINT LES STATEMENTS IF AVAILABLE ON MYPAY. THANK YOU FOR YOUR SUPPORT. -IF YOUR SPOUSE WANTS INFO ABOUT THE MILITARY LIFESTYLE WE INVITE HIM/HER TO JOIN US FOR THE NEXT HEART LINK SPOUSES ORIENTATION, LUNCH AND CHILD CARE ARE PROVIDED. CALL YOUR															BASE AIRMAN & FAMILY READINESS CTR FOR DETAILS. -IF YOU GAMBLE WITH SAFETY...YOU SET YOUR LIFE. -ELECTIONS ARE COMING! UPDATE YOUR ADDRESS TO GET AN ABSENTEE BALLOT. REQUEST YOUR BALLOT FOR THE PRESIDENTIAL AND STATE ELECTIONS. SEE YOUR VOTING ASST. OFFICER OR WWW.FVAP.GOV. TSP 050701(183) RATE CHG SGLI 090701(183) CHANGE GRADE 080701(184) BAH BASED ON WDEP, ZIP 08641 BANK [REDACTED] ACCT # [REDACTED]														