

School Year 2023 - 2024 Household Application for Free and Reduced Price School Meals

Complete, sign and return this form to the school or to Nutrition Services, 690 E.Cope Industrial Way, Palmer. **APPLY ONLINE** at <https://www.schoolcafe.com/MSBSD>
USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD - For assistance please call (907) 861-5100

STEP 1 — All Children in School in the Household

| Student ID | Last Name | First Name | MI | Date of Birth (Required) | Grade | Foster | Homeless | Migrant | Runaway | Head Start |
|------------|-----------|------------|----|--------------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number and beneficiary name then skip STEP 3 and go to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answer 'Yes' to STEP 2)

List all household members (including yourself & students) **even if they do not receive income.** For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Household Member Name (First and Last) | Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly | | | | | | | | | | | | | | | | |
|---|--|------------|---|---|---|-----------------------------|------------|---|---|---|--|------------|---|---|---|---------------|------|
| | Earnings from Work | How Often? | | | | Public Assistance / Alimony | How Often? | | | | Pensions / Retirement / All Other Income | How Often? | | | | PFD Approved? | |
| | | W | E | T | M | | W | E | T | M | | W | E | T | M | 2022 | 2023 |
| | | | | | | | | | | | | | | | | | |
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Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner of Other Adult Household Member *** - ** -

*** - ** -

Check if no SSN

STEP 4 — 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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities


Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): Black or African American American Indian or Alaskan Native White Asian Native Hawaiian or Other Pacific Islander

Internal Use Only

Application Number Date Stamp

Batch Initials



5204



MATANUSKA SUSITNA BOROUGH SCHOOL DISTRICT

NUTRITION SERVICES

690 E. Cope Industrial Way

PALMER, ALASKA 99645

(907) 861-5100

Schools

Elementary Schools

Big Lake Elementary*
Butte Elementary
Cottonwood Elementary
Dena'ina Elementary*
Finger Lake Elementary
Goose Bay Elementary
Iditarod Elementary*
Knik Elementary
Larson Elementary
Meadow Lakes Elementary*
Machetanz Elementary
Pioneer Peak Elementary
John Shaw Elementary
Sherrod Elementary*
Snowshoe Elementary
Sutton Elementary*
Swanson Elementary
Talkeetna Elementary
Tanaina Elementary*
Trapper Creek Elementary*
* Community Eligibility Schools

Willow Elementary*

Middle Schools

Colony Middle
Redington Sr. Jr/Sr High*
Houston Middle School*

High Schools

Burchell High*
Su Valley High
Colony High
Palmer High
Wasilla High
Valley Pathways*
Mat-Su Career & Tech High
Houston High School

Alternative School

Glacier View
Knik Charter School*
Beryozova*

Mat-Su Middle College

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this Federal Eligibility Income Chart:

| Household Size | Annual | Monthly | Weekly |
|--|------------|----------|----------|
| 1 | \$ 33,689 | \$ 2,808 | \$ 648 |
| 2 | \$ 45,584 | \$ 3,799 | \$ 877 |
| 3 | \$ 57,480 | \$ 4,790 | \$ 1,106 |
| 4 | \$ 69,375 | \$ 5,782 | \$ 1,335 |
| 5 | \$ 81,271 | \$ 6,773 | \$ 1,563 |
| 6 | \$ 93,166 | \$ 7,764 | \$ 1,792 |
| 7 | \$ 105,062 | \$ 8,756 | \$ 2,021 |
| 8 | \$ 116,957 | \$ 9,747 | \$ 2,250 |
| For each additional family member add: | \$ 11,896 | \$ 992 | \$ 229 |

ATAP = Alaska Temporary Assistance Program

D-SNAP = Disaster Supplemental Nutrition Assistance Program

FDPIR = Food Distribution Program on Indian Reservations

NFAP = Native Family Assistance Program

SNAP = Supplemental Nutrition Assistance Program (fka Food Stamps)

TANF = Temporary Assistance to Needy Families

MSBSD Nutrition Services has made it easier for families to apply for free and reduced price meals. [Apply online](https://www.schoolcafe.com/MSBSD) anytime to complete and submit an application in minutes at <https://www.schoolcafe.com/MSBSD>. Students will obtain eligibility benefits faster, electronic submission ensures that the completed application reaches the district office quickly, and it is secure and confidential!

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 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: This explains what to do if you believe you have been treated unfairly. 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, religious creed, disability, age, political beliefs, 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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Individuals who are deaf, hard of hearing 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.