



## MATANUSKA SUSITNA BOROUGH SCHOOL DISTRICT

### NUTRITION SERVICES

690 E. COPE INDUSTRIAL WAY PALMER, ALASKA 99645 (907) 861-5100

Apply online now at <http://lunch.matsuk12.us>

Dear Parent/Guardian:

School Year 2020-21

Children need healthy meals to learn. MSBSD offers healthy meals every school day. Breakfast costs **\$2.25 (elementary)** and **\$2.75 (secondary)**. Lunch costs **\$3.75 (elementary)** and **\$4.75 (secondary)**.

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://lunch.matsuk12.us>
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 690 E. Cope Industrial Way Palmer, AK 99654 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 690 E. Cope Industrial Way 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 MSBSD 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 861-5100. If you still disagree with the determination, you can contact the MSBSD's hearing official, Diane Russo, at (907) 861-5100
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 MSB, therefore, BAH must be included as income for those who live **off** base or post.
14. **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.
15. **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.
16. **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) 746-9228 or Migrant Records Coordinator (907)761-4065**

**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.

**School Year 2020 - 2021 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://lunch.matsuk12.us>  
**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 FDIPIR? **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: <b>W</b> = Weekly, <b>E</b> = Every 2 weeks, <b>T</b> = Twice per month, <b>M</b> = 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	2019	2020

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 \_\_\_\_\_





# MATANUSKA SUSITNA BOROUGH SCHOOL DISTRICT

## NUTRITION SERVICES

690 E. Cope Industrial Way

PALMER, ALASKA 99645

(907) 861-5100

### Schools

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:

<b><u>Elementary Schools</u></b>	Willow Elementary
Big Lake Elementary	<b><u>Middle Schools</u></b>
Butte Elementary	Colony Middle
Cottonwood Elementary	Redington Jr/Sr High
Denaina Elementary	Houston Jr/Sr High
Fingerlake Elementary	Teeland Middle
Goosebay Elementary	Palmer Jr. Middle
Iditarod Elementary	Wasilla Middle
Knik Elementary	
Larson Elementary	<b><u>High Schools</u></b>
Meadowlakes Elementary	Burchell High
Machetanz Elementary	Su Valley High
Pioneer Peak Elementary	Colony High
John Shaw Elementary	Palmer High
Sherrod Elementary	Wasilla High
Sutton Elementary	
Swanson Elementary	<b><u>Alternative School</u></b>
Talkeetna Elementary	Glacierview
Tainaina Elementary	Career Tech
Trappercreek Elementary	Valley Pathways

Household Size	Annual	Monthly	Weekly
1	\$ 29,508	\$ 2,459	\$ 568
2	\$ 39,868	\$ 3,323	\$ 767
3	\$ 50,228	\$ 4,186	\$ 966
4	\$ 60,588	\$ 5,049	\$ 1,166
5	\$ 70,948	\$ 5,913	\$ 1,365
6	\$ 81,308	\$ 6,776	\$ 1,564
7	\$ 91,668	\$ 7,639	\$ 1,763
8	\$ 102,028	\$ 8,503	\$ 1,963
For each additional family member add:	\$ 10,360	\$ 864	\$ 200

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](http://lunch.matsuk12.us) anytime to complete and submit an application in minutes at <http://lunch.matsuk12.us>. 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, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto: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.