

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS - FCCH**

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev, 6/20) G/Tools/CACFP/2016 Application for Free and Reduced-Price Meals-FCCH

☐ Tier I☐ Tier II

Complete one application per household.

**1. Households that receive 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 and 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.
- List the age of each child enrolled in childcare.
- 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 the 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	Age	Earnings from work before deductions. Enter <b>gross</b> income under the appropriate pay period. Record each income only <b>once</b> .				Other Income  <b>Indicate How Often Received</b>		
				Weekly	Every Two Weeks	Twice a Month	Monthly	Farm/Self Employment Annual – <b>See Back</b>	Child Support/ Alimony	Interest, Unemployment, Social Security, etc.
1.	<input type="checkbox"/>	<input type="checkbox"/>								
2.	<input type="checkbox"/>	<input type="checkbox"/>								
3.	<input type="checkbox"/>	<input type="checkbox"/>								
4.	<input type="checkbox"/>	<input type="checkbox"/>								
5.	<input type="checkbox"/>	<input type="checkbox"/>								
6.	<input type="checkbox"/>	<input type="checkbox"/>								

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**Children's Racial and Ethnic Identities (Optional)**

Mark one ethnic identity:

☐ Hispanic/Latino

Islander

☐ Not Hispanic/Latino

Mark one or more racial identities:

☐ Asian☐ Black or African American☐ Native Hawaiian or Other Pacific☐ White☐ American Indian or Alaska Native

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 center 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.

3. 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 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)

**Calculating Farm or Self-Employment Income**

Persons 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 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 offset 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's loss from farming or other private business operations cannot be used to reduce the current year's 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
7	Capital gain or (loss)	\$
8	Business 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.**

For Official Use Only		Determination: <input type="checkbox"/> Tier 1 Eligible <input type="checkbox"/> Denied
<b>Calculating Yearly Income</b> If paid weekly, multiply the weekly gross income by 52. If paid bi-weekly, 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:	Reason for Denial:
	Date of Approval & Notification to Provider:	Signature of Determining Official: