



Student Fees Assistance and Benefits Application - - FARGO PUBLIC SCHOOLS 2023-24 - - - Apply online: www.EZMealApp.com

(also known as Free and Reduced-Price School Meals Application)

Complete one application per household. Please use a pen (not a pencil).

Step 1 List all Household Infants and Children who are up to Grade 12

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in **Foster care** or are **Homeless, Migrant** or **Runaway** are eligible for benefits. Read *How to Complete the Application for K12 Fees Assistance and Benefits* for information.

(all children in household up to Grade 12)		(if school age)		(if school age)		Mark if Applicable			
Child's First Name	MI	Child's Last Name	School	Grade		Foster?	Homeless?	Runaway?	Migrant Farm Worker?

Step 2

Do any Household Members currently participate in one or more of the following assistance programs: (If no, go to Step 3)

CASE NUMBER

REQUIRED:

check which program

____ SNAP, ____ TANF, or ____ FDPIR

Go to Step 4 after entering case number.

Step 3 Report Income for ALL Household Members (Skip this step if you participate in a program in STEP 2)

A. Child Income: Sometimes children in the household earn or receive income, such as from a part time job or SSI.

Income earned by all children added together	Year	Wk	BiWk	2xMo	Mo.
\$					

B. All Adult Household Members (including yourself): List all household members not listed in Step 1 even if they do not receive income.

For each Household Member listed if they receive income, report total income for each source in whole dollars (*no cents*) only. Check how often income is received. If they do not receive income from any source, write "0".
If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Refer to chart on the back page for income guidance	Names of Every Household Adult (First and Last)	Gross Wages from Working at Jobs					Self-Employed or a Farmer?					All other Income				
	List all household members not listed in Step 1 (includes yourself) even if not related or don't receive income. Include members temporarily away, such as at college. Complete the income boxes for each person listed and enter "0" or leave blank if no income is earned.	Report income before taxes and deductions.	How Often?				Report income after subtracting business expenses.	How Often?				SSI, Unemployment, Public Assistance, Child Support, and others listed on Page 2	How Often?			
			Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly
	\$					\$					\$					
\$					\$					\$						
\$					\$					\$						

C. Total Number of Household Members **Last Four Digits of Social Security Number (SSN)** X X X - XX - **OR** ("X" if no Social Security Number)

Step 4 Contact information and adult signature. Mail Completed Form to: Fargo Public Schools 3901 40th Ave S, ND 58104 or take to your school's office

"I certify (promise) that all information on this application is true and correct and all household members and incomes are 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."

Signature of Adult (Form must be signed to be complete.) _____ **Print Name:** _____ **Date:** _____

Address _____ **City** _____ **State** _____ **Zip** _____ **Daytime Phone and Email (optional)** _____

Instructions : Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony / Child Support	Pensions / Retirement/ All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (ex: <u>Farm or Business</u>) <p>Report income earned after subtracting expenses. <i>If money was lost in the business, write in \$0</i> <u>If you are in the U.S. Military:</u></p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

Optional : Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. *If you do not select race or ethnicity, one will be selected for you based on visual observation.*

Ethnicity (Check one) ☐ Hispanic ☐ Not Hispanic or Latino

Race (Check one or more) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

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 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.

Foster, migrant, homeless, and runaway children and children enrolled in a Head Start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school for more information.

Nondiscrimination Statement: 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/ad-3027.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:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov for inquiries

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider

RETURN FORM TO FARGO PUBLIC SCHOOLS