



**Don't fill out this part. This is for school use only.**

Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after 45 days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For verification only)

<p>To determine monthly income, multiply:                  Weekly income by 4.33                  Bi-weekly income (every 2 weeks) by 2.15                  Semi-monthly income (2 times per month) by 2</p> <p>(Do not submit income information for children with Food Stamp or Alaska Temporary Assistance Case #.)</p>	<p style="text-align: center;"><b>Permanent Fund Dividend Income Determination</b></p> <p>2006 - number approved for PFD x \$1106.96 ÷ 12</p> <ul style="list-style-type: none"> <li>• If household members have been approved for PFD, it must be counted as income.</li> <li>• Prior to receipt of the PFD in 2007, count 2006 PFD as part of current household income.</li> <li>• 2007 PFD is considered "received" after 12/31/07</li> </ul>
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<b>Income eligibility:</b>	Convert to	Monthly income	Total household size: _____
Weekly _____	x 4.33 =	_____	<p><b>2006 PFD \$ 1106.96</b></p> <p>\$1106.96 X (household size) ÷ 12 =</p> <p>(1) \$ 92.25      (5) \$461.25</p> <p>(2) \$184.50     (6) \$553.50</p> <p>(3) \$276.75     (7) \$645.75</p> <p>(4) \$369.00     (8) \$738.00</p>
Bi-weekly _____	x 2.15 =	_____	
Semi-monthly _____	x 2 =	_____	
Monthly _____	=	_____	
	<b>Total Income:</b>	_____	
	<b>+ PFD:</b>	_____	
	<b>Eligibility amount:</b>	_____	

**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 children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is **required** unless you list Food Stamp or ATAP/NFAP case numbers for all the children you are applying for, OR if you are applying for a foster child. **You must check** the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. **We WILL** use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. **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 misuse of program rules.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

\* **Military Housing Privatization Initiative.** This initiative puts the operation of military owned housing under private contractors. **Note:** This income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. In accordance with the provisions of the Act, the housing allowance provided under the Military Housing Privatization Initiative is excluded from consideration as income for military families applying for free and reduced price meals or free milk for their children under any of the child nutrition programs.

**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/ocs/nutri/wic>  
**For the location of a WIC clinic near you call: 1-(800) 478-2221**