

APPLICATION ACTIVITY TIME

POSSIBLY
STATE 225

McCallister Family



Apply online: (Insert web address. Delete if online application is unavailable)

2025-26 Application for Free or Reduced-Price Meals

ND SCHOOL

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: (School/District Information)

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply.	Foster Child	Migrant	Homeless or Runaway
Buzz		McCallister	Winnetka HS	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Megan		McCallister	Winnetka HS	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luanie		McCallister	Winnetka MS	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeff		McCallister	Winnetka Elem	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kevin		McCallister	Winnetka Elem	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Medical assistance does not qualify through an application. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDIPI Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3.)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)		Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.		Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 4000	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1000
		<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"/>	\$

B. Child Income. Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- Or ☐ I do not have a Social Security Number

B. Attestation & 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."

<input checked="" type="checkbox"/> SIGNATURE of Adult Completing Application (Form must be signed to be complete.)	8/1/25
DATE	
Print Name	
Daytime Phone	
Address (if available)	Apt# City Zip

SCHOOL OFFICE USE ONLY		<input type="checkbox"/> Error Prone Application	
<input type="checkbox"/> Case # Application	<input type="checkbox"/> Foster Application	Directly Certified: Date of Disregard: _____	
<input type="checkbox"/> Income Application	<input type="checkbox"/> Homeless/Migrant/Runaway		
Household Size: _____	Total Income: \$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Wks.) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual		
Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State (225%) _____ Denied _____	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete App		
Determining Official's Signature: _____		Date: _____	
<input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____		Date: _____	
Verifying Official's Signature: _____		Date: _____	



Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines July 1, 2025 to June 30, 2026

Federal Free Meals – 130 Percent						Federal Reduced-Price Meal – 185 Percent						State 225 – 225 Percent					
Monthly	Yearly	Monthly		Weekly	Household Size	Monthly	Yearly	Monthly		Weekly	Household Size	Monthly	Yearly	Monthly		Weekly	
		1st	2nd					1st	2nd					1st	2nd		
Free Price	\$1,200	\$1,200	\$1,200	\$300	\$25	\$1,200	\$1,200	\$1,200	\$300	\$25	\$25	Free Price	\$1,200	\$1,200	\$1,200	\$300	\$25
1	\$20,340	\$1,696	\$640	\$783	\$392	1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	1	\$35,213	\$2,935	\$1,468	\$1,355	\$678
2	\$27,480	\$2,292	\$1,144	\$1,058	\$529	2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	2	\$47,588	\$3,966	\$1,983	\$1,831	\$916
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	3	\$59,963	\$4,997	\$2,499	\$2,307	\$1,154
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144	4	\$72,338	\$6,029	\$3,015	\$2,793	\$1,392
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340	5	\$84,713	\$7,060	\$3,530	\$3,259	\$1,630
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	6	\$97,088	\$8,091	\$4,046	\$3,735	\$1,868
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	7	\$89,043	\$7,501	\$3,751	\$3,462	\$1,731	7	\$108,463	\$9,122	\$4,561	\$4,211	\$2,106
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	8	\$100,178	\$8,349	\$4,175	\$3,893	\$1,927	8	\$121,838	\$10,154	\$5,077	\$4,687	\$2,344
For each additional person	\$7,150	\$596	\$298	\$275	\$138	For each additional person	\$10,175	\$848	\$424	\$392	\$196	For each additional person	\$12,375	\$1,032	\$516	\$476	\$238

NOTE: Do not allow hardship deductions from the above.
Reminders
*Error Prone Applications: Any application within \$100 per month of the applicable IEGs.
*Multiply the income that is received every 2 weeks (biweekly) by 26 to arrive at the annual income.
*Multiply weekly income by 52 to arrive at annual income.
*Gross or total income must be used in determining eligibility for wage earners.
*A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.
*Household size may not exceed 10.

Income Conversion/ERROR PRONE	Yearly	Monthly	2x Month	Every 2 weeks (Bi-Weekly)	Weekly
Annual Income Conversion	X1	X12	X24	X26	X52
Annual Income Conversion	\$0-\$1,200	\$0-\$100	\$0-\$50	\$0-\$50	\$0-\$25

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.

Banks Family

Will – Free (Foster)
Carlton – State 225(Income)
Ashley – State 225(Income)

$$\$4000 \times 12 = \$48,000$$

$$\$1355 \times 26 = \$35,230$$

$$100 \times 12 = \$1,200$$

$$\$84,430$$



2025-26 Application for Free or Reduced-Price Meals

Apply online: (Insert web address. Delete if online application is unavailable)

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: (School/District Information)

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply.	Foster Child	Migrant	Homeless or Runaway
Will		Smith	Bel Air High	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carlton		Banks	Bel Air High	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashley		Banks	Bel Air High	9	<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"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Medical assistance does not qualify through an application. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDIPI Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3.)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.
PATRICK BANKS
HILARY BANKS
VIVIAN BANKS

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 4000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1355
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<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"/>	\$

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Child Income. Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-9876 Or ☒ I do not have a Social Security Number

B. Attestation & 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."

<input checked="" type="checkbox"/>	<u>Patrick Banks</u>	<u>Yes/25</u>
SIGNATURE of Adult Completing Application (Form must be signed to be complete.)		DATE
Print Name		Daytime Phone
Address (if available)	Apt#	City Zip

SCHOOL OFFICE USE ONLY

<input type="checkbox"/> Case # Application	<input type="checkbox"/> Foster Application	<input type="checkbox"/> Directly Certified: Date of Disregard: _____
<input type="checkbox"/> Income Application	<input type="checkbox"/> Homeless/Migrant/Runaway	
Household Size: _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Weeks.) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Total Income: \$ _____	Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State (225%) _____ Denied _____	Reason for Denial: _____
Determining Official's Signature: _____		Date: _____
<input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____		Date: _____
Verifying Official's Signature: _____		Date: _____

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.



Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines
July 1, 2025 to June 30, 2026

Federal Free Meals – 130 Percent						Federal Reduced-Price Meal – 185 Percent						State 225 – 225 Percent					
Household Size	Yearly	Monthly	2x Month	Weekly	Every 2 Weeks	Household Size	Yearly	Monthly	2x Month	Weekly	Every 2 Weeks	Household Size	Yearly	Monthly	2x Month	Weekly	Every 2 Weeks
1	\$1,200	\$100	\$80	\$20	\$25	1	\$2,000	\$167	\$133	\$33	\$42	2	\$2,400	\$200	\$160	\$40	\$50
2	\$20,340	\$1,695	\$848	\$392	\$518	2	\$28,128	\$2,344	\$1,172	\$586	\$757	3	\$32,216	\$2,685	\$1,343	\$671	\$857
3	\$28,680	\$2,390	\$1,196	\$598	\$771	3	\$36,304	\$3,025	\$1,513	\$757	\$957	4	\$40,392	\$3,366	\$1,683	\$831	\$1,039
4	\$37,040	\$3,084	\$1,444	\$733	\$967	4	\$40,480	\$3,379	\$1,690	\$839	\$1,044	5	\$44,570	\$3,714	\$1,857	\$914	\$1,143
5	\$45,400	\$3,783	\$1,742	\$868	\$1,104	5	\$44,658	\$3,725	\$1,863	\$917	\$1,146	6	\$48,740	\$4,059	\$2,024	\$986	\$1,233
6	\$53,760	\$4,479	\$2,040	\$1,020	\$1,300	6	\$48,828	\$4,069	\$2,031	\$1,026	\$1,306	7	\$52,880	\$4,407	\$2,191	\$1,091	\$1,389
7	\$62,120	\$5,177	\$2,336	\$1,064	\$1,397	7	\$52,968	\$4,414	\$2,207	\$1,093	\$1,398	8	\$57,000	\$4,750	\$2,375	\$1,163	\$1,479
8	\$70,380	\$5,867	\$2,630	\$1,118	\$1,514	8	\$57,088	\$4,757	\$2,383	\$1,165	\$1,500	9	\$61,160	\$5,104	\$2,544	\$1,224	\$1,560
9	\$78,740	\$6,558	\$2,928	\$1,173	\$1,643	9	\$61,248	\$5,104	\$2,544	\$1,224	\$1,560	10	\$65,320	\$5,444	\$2,705	\$1,283	\$1,620
10	\$87,100	\$7,267	\$3,256	\$1,239	\$1,828	10	\$65,408	\$5,444	\$2,705	\$1,283	\$1,620	11	\$69,400	\$5,783	\$2,866	\$1,343	\$1,680
11	\$96,080	\$8,000	\$3,584	\$1,300	\$2,000	11	\$69,488	\$5,783	\$2,866	\$1,343	\$1,680	12	\$73,480	\$6,117	\$3,027	\$1,402	\$1,740
12	\$105,060	\$8,750	\$3,936	\$1,364	\$2,188	12	\$73,568	\$6,117	\$3,027	\$1,402	\$1,740						

NOTE: Do not allow hardship deductions from the above.

Reminders:

*Error Prone Applications: Any application within \$100 per month of the applicable ICGs.

*Multiply the income that is received every 2 weeks (bi-weekly) by 26 to arrive at the annual income.

*Multiply weekly income by 52 to arrive at annual income.

*Gross or total income must be used in determining eligibility for wage earners.

*A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

*Household size is based on the number of people living in the household.

This institution is an equal opportunity provider.

Income Conversion/ERROR PRONE	Yearly	Monthly	2x Month	Every 2 weeks	Weekly
Annual Income Conversion					
Multiply income by	X 1	X 12	X 24	X 26	X 52
Error Prone: B Range Below the Free or Reduced-price income eligibility limit.	\$0-\$1,200	\$0-\$100	\$0-\$200	\$0-\$25	\$0-\$5

Barone Family

Reduced-Price

$$\$750 \times 24 = \$18,000$$

$$\$1500 \times 26 = \$39,000$$

$$\$57,000$$



2025-26 Application for Free or Reduced-Price Meals

Apply online: (Insert web address. Delete if online application is unavailable)

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: (School/District Information)

ND SCHOOL

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply.	Foster Child	Migrant	Homeless or Runaway
ALLY		BARONE	Long Island Elementary	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CECEREY		BARONE	Long Island High			<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"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

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A. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of income" will help you with the All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)		Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.		Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
Rae Barone		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 750	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Debra Barone		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1500	<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"/>	<input type="checkbox"/>	\$

B. Child Income.

Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-7777 Or ☐ I do not have a Social Security Number

B. Attestation & 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."

<input checked="" type="checkbox"/> <u>Debra Barone</u>	<u>7/1/25</u>
SIGNATURE of Adult Completing Application (Form must be signed to be complete.) DATE	
Print Name	Daytime Phone
Address (if available)	Apt# City Zip

SCHOOL OFFICE USE ONLY

☐ Error Prone Application

☐ Case # Application ☐ Foster Application ☐ Directly Certified: Date of Disregard: _____

☐ Income Application ☐ Homeless/Migrant/Runaway

Household Size: _____ Total Income: \$ _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Wks.) ☐ 2x Month ☐ Monthly ☐ Annual

Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State (225%) _____ Denied _____ Reason for Denial: _____

Determining Official's Signature: _____ Date: _____ ☐ Income Too High ☐ Incomplete App

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.

Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines
July 1, 2025 to June 30, 2026

Federal Free Meals - 130 Percent						Federal Reduced-Price Meal - 185 Percent						State 225 - 225 Percent					
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
Multiply	12	24	24	26	52	Multiply	12	24	24	26	52	Multiply	12	24	24	26	52
Error Prone	\$1,200	\$100	\$80	\$60	\$25	Error Prone	\$1,200	\$100	\$80	\$60	\$25	Error Prone	\$1,200	\$100	\$80	\$60	\$25
1	\$20,345	\$1,696	\$848	\$783	\$392	1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	1	\$35,213	\$2,935	\$1,468	\$1,355	\$678
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529	2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	2	\$47,589	\$3,966	\$1,983	\$1,831	\$916
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	3	\$59,983	\$4,997	\$2,499	\$2,307	\$1,154
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	4	\$59,476	\$4,957	\$2,479	\$2,288	\$1,144	4	\$72,338	\$6,029	\$3,015	\$2,783	\$1,392
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340	5	\$84,713	\$7,060	\$3,530	\$3,259	\$1,630
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	6	\$97,088	\$8,091	\$4,046	\$3,735	\$1,868
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	7	\$90,003	\$7,501	\$3,751	\$3,482	\$1,731	7	\$109,463	\$9,122	\$4,561	\$4,211	\$2,106
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	8	\$100,176	\$8,349	\$4,175	\$3,853	\$1,927	8	\$121,838	\$10,154	\$5,077	\$4,687	\$2,344
For each additional household size	\$7,150	\$596	\$298	\$275	\$138	For each additional household size	\$10,175	\$848	\$424	\$392	\$196	For each additional household size	\$12,375	\$1,032	\$516	\$476	\$238

NOTE: Do not allow hardship deductions from the above.

Reminders

*Error Prone Applications: Any application within \$100 per month of the applicable IEGs.

*Multiply the income that is received every 2 weeks (biweekly) by 26 to arrive at the annual income.

*Multiply weekly income by 52 to arrive at annual income.

*Gross or total income must be used in determining eligibility for wage earners.

*A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

Income Conversion/ERROR PRONE

This institution is an equal opportunity provider.

Annual Income Conversion	Yearly	Monthly	2x Month	Every 2 weeks (Bi-Weekly)	Weekly
Multiply income by	X 1	X 12	X 24	X 26	X 52
Error Prone: \$ Range below the free or reduced-price income eligibility limit.	\$0-\$1,200	\$0-\$100	\$0-\$50	\$0-\$50	\$0-\$25

Simpson Family



2025-26 Application for Free or Reduced-Price Meals

Apply online: (Insert web address. Delete if online application is unavailable)

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: (School/District Information)

ND SCHOOL

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply.	Foster Child	Migrant	Homeless or Runaway
BART		SIMPSON	SPRINGFIELD High	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KISA		SIMPSON	SOUTHWEST Middle	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAGGIE		SIMPSON	SPRINGFIELD Elementary	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Medical assistance does not qualify through an application. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3.)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)		Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college. HOMER SIMPSON MARCE SIMPSON		Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net Income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -120,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 3050	<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"/>	<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"/>	\$

B. Child Income.

Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-2467 Or ☐ I do not have a Social Security Number

B. Attestation & 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."

X <u>[Signature]</u> SIGNATURE of Adult Completing Application (Form must be signed to be complete.)	4/125 DATE
Print Name	Daytime Phone
Address (if available)	Apt# City Zip

SCHOOL OFFICE USE ONLY

<input type="checkbox"/> Case # Application	<input type="checkbox"/> Foster Application	<input type="checkbox"/> Directly Certified: Date of Disregard: _____
<input type="checkbox"/> Income Application	<input type="checkbox"/> Homeless/Migrant/Runaway	
Household Size: _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Wks.) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Total Income: \$ _____	Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State (225%) _____ Denied _____	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete App
Determining Official's Signature: _____	Date: _____	
<input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____	Date: _____	
Verifying Official's Signature: _____	Date: _____	

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.

State 225

$$-\$120000 = \$ 0$$

$$\$3050 \times 24 = \$73,200$$
$$\$73,200$$

Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines July 1, 2025 to June 30, 2026

Federal Free Meals – 130 Percent						Federal Reduced-Price Meal – 185 Percent						State 225 – 225 Percent					
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
Multiply						Multiply						Multiply					
Error Prone	\$1,200	\$100	\$50	\$50	\$25	Error Prone	\$1,200	\$100	\$50	\$50	\$25	Error Prone	\$1,200	\$100	\$50	\$50	\$25
1	\$20,345	\$1,696	\$848	\$783	\$392	1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	1	\$35,213	\$2,935	\$1,468	\$1,355	\$678
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529	2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	2	\$47,588	\$3,966	\$1,983	\$1,831	\$916
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	3	\$59,963	\$4,997	\$2,499	\$2,307	\$1,154
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144	4	\$72,338	\$6,029	\$3,015	\$2,783	\$1,392
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340	5	\$84,713	\$7,060	\$3,530	\$3,259	\$1,630
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	6	\$97,088	\$8,091	\$4,046	\$3,735	\$1,868
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731	7	\$109,463	\$9,122	\$4,561	\$4,211	\$2,106
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927	8	\$121,838	\$10,154	\$5,077	\$4,687	\$2,344
For each family member, add	\$7,150	\$596	\$298	\$275	\$138	For each family member, add	\$10,175	\$848	\$424	\$392	\$196	For each family member, add	\$12,375	\$1,032	\$516	\$476	\$238

NOTE: Do not allow hardship deductions from the above.

Reminders

- *Error Prone Applications: Any application within \$100 per month of the applicable IEGs.
- *Multiply the income that is received every 2 weeks (biweekly) by 26 to arrive at the annual income.
- *Multiply weekly income by 52 to arrive at annual income.
- *Gross or total income must be used in determining eligibility for wage earners.
- *A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

Income Conversion/ERROR PRONE	Yearly	Monthly	2x Month	Every 2 weeks (Bi-Weekly)	Weekly
Annual Income Conversion:	X 1	X 12	X 24	X 26	X 52
Multiply income by					
Error Prone: \$ Range Below the free or reduced-price income eligibility limit.	\$0-\$1,200	\$0-\$100	\$0-\$50	\$0-\$50	\$0-\$25

Bundy Family

PAID



Apply online: (Insert web address. Delete if online application is unavailable)

2025-26 Application for Free or Reduced-Price Meals

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: (School/District Information) ND School

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply.	Foster Child	Migrant	Homeless or Runaway
Kelly Bud		Bundy	Cleveland High	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bud		Bundy	Cleveland Middle	7	<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"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Medical assistance does not qualify through an application. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3.)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)	
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	
AL BUNDY	
PEG BUNDY	

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1750
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1600
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 929
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Child Income. Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-7237 or ☐ I do not have a Social Security Number

B. Attestation & 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."

X	AL BUNDY	8/1/25
SIGNATURE OF Adult Completing Application (Form must be signed to be complete.)		DATE
Print Name		Daytime Phone
Address (if available)		Apt# City Zip

SCHOOL OFFICE USE ONLY

☐ Error Prone Application

<input type="checkbox"/> Case # Application	<input type="checkbox"/> Foster Application	<input type="checkbox"/> Directly Certified: Date of Disregard: _____
<input type="checkbox"/> Income Application	<input type="checkbox"/> Homeless/Migrant/Runaway	
Household Size: _____		
Total Income: \$ _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Wks.) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Reason for Denial
Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State (225%) _____ Denied _____		Income Too High <input type="checkbox"/> Incomplete App <input type="checkbox"/>
Determining Official's Signature: _____	Date: _____	
<input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____	Date: _____	
Verifying Official's Signature: _____	Date: _____	

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.

Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines July 1, 2025 to June 30, 2026

Federal Free Meals – 130 Percent						Federal Reduced-Price Meal – 185 Percent						State 225 – 225 Percent					
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
1	\$20,345	\$1,696	\$848	\$783	\$392	1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	1	\$35,213	\$2,935	\$1,468	\$1,355	\$678
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529	2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	2	\$47,588	\$3,966	\$1,983	\$1,831	\$916
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	3	\$59,963	\$4,997	\$2,499	\$2,307	\$1,154
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144	4	\$72,338	\$6,029	\$3,015	\$2,783	\$1,392
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	5	\$69,053	\$5,805	\$2,903	\$2,679	\$1,340	5	\$84,713	\$7,060	\$3,530	\$3,259	\$1,630
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	6	\$97,088	\$8,091	\$4,046	\$3,735	\$1,868
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731	7	\$109,463	\$9,122	\$4,561	\$4,211	\$2,106
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927	8	\$121,836	\$10,154	\$5,077	\$4,687	\$2,344
For each additional member, add:	\$7,150	\$596	\$298	\$275	\$138	For each additional member, add:	\$10,175	\$848	\$424	\$392	\$196	For each additional member, add:	\$12,375	\$1,032	\$516	\$476	\$238

NOTE: Do not allow hardship deductions from the above.

Reminders

- *Error Prone Applications: Any application within \$100 per month of the applicable IEGs.
- *Multiply the income that is received every 2 weeks (biweekly) by 26 to arrive at the annual income.
- *Multiply weekly income by 52 to arrive at annual income.
- *Gross or total income must be used in determining eligibility for wage earners.
- *A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

Income Conversion/ERROR PRONE	Yearly	Monthly	2x Month	Every 2 weeks (Bi-Weekly)	Weekly
Annual Income Conversion:	X 1	X 12	X 24	X 26	X 52
Error Prone: \$ Range Below the free or reduced-price income eligibility limit.	\$0-\$1,200	\$0-\$100	\$0-\$50	\$0-\$50	\$0-\$25

Conner Family



Apply online: (Insert web address. Delete if online application is unavailable)

2025-26 Application for Free or Reduced-Price Meals

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: (School/District Information)

ND SCHOOL

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark all that apply.	Foster Child	Migrant	Homeless or Runaway
DT		CONNER	LANSFORD High	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BECK Y		CONNER	LANSFORD Middle	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DARLENE		CONNER	LANSFORD Elem	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Medical assistance does not qualify through an application. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3.)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.
ROSEANNE CONNER
DAV CONNER

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 2000
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 800
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<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"/>	\$

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Child Income.
Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-1359 Or ☒ I do not have a Social Security Number

B. Attestation & 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."

X	
SIGNATURE of Adult Completing Application (Form must be signed to be complete.)	DATE
Print Name	Daytime Phone
Address (if available)	Apt# City Zip

SCHOOL OFFICE USE ONLY		<input type="checkbox"/> Error Prone Application
<input type="checkbox"/> Case # Application	<input type="checkbox"/> Foster Application	<input type="checkbox"/> Directly Certified: Date of Disregard: _____
<input type="checkbox"/> Income Application	<input type="checkbox"/> Homeless/Migrant/Runaway	
Household Size: _____	Total Income: \$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Wks.) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State (225%) _____ Denied _____	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete App	
Determining Official's Signature: _____	Date: _____	
<input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____ Date: _____		
Verifying Official's Signature: _____ Date: _____		

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.

POSSIBLY FREE

$$\$2000 \times 12 = \$24,000$$

$$\$800 \times 24 = \$19,200$$

$$\$43,200$$



Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines
July 1, 2025 to June 30, 2026

Federal Free Meals – 130 Percent						Federal Reduced-Price Meal – 185 Percent						State 225 – 225 Percent					
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
Multiply Error Prone	\$1,200	\$100	\$50	\$50	\$25	Multiply Error Prone	\$1,200	\$100	\$50	\$50	\$25	Multiply Error Prone	\$1,200	\$100	\$50	\$50	\$25
1	\$20,345	\$1,696	\$848	\$783	\$392	1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	1	\$35,213	\$2,935	\$1,468	\$1,355	\$678
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529	2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	2	\$47,588	\$3,966	\$1,983	\$1,831	\$916
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	3	\$59,963	\$4,997	\$2,499	\$2,307	\$1,154
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144	4	\$72,338	\$6,029	\$3,015	\$2,783	\$1,392
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340	5	\$84,713	\$7,060	\$3,530	\$3,259	\$1,630
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	6	\$97,088	\$8,091	\$4,046	\$3,735	\$1,868
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731	7	\$109,463	\$9,122	\$4,561	\$4,211	\$2,106
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927	8	\$121,838	\$10,154	\$5,077	\$4,687	\$2,344
For each additional family member, add	\$7,150	\$596	\$298	\$275	\$138	For each additional family member, add	\$10,175	\$848	\$424	\$392	\$196	For each additional family member, add	\$12,375	\$1,032	\$516	\$476	\$238

NOTE: Do not allow hardship deductions from the above.

Reminders

- *Error Prone Applications: Any application within \$100 per month of the applicable IEGs.
- *Multiply the income that is received every 2 weeks (biweekly) by 26 to arrive at the annual income.
- *Multiply weekly income by 52 to arrive at annual income.
- *Gross or total income must be used in determining eligibility for wage earners.
- *A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

Texas general holiday law year 2025

This institution is an equal opportunity provider.

Income Conversion/ERROR PRONE	Yearly	Monthly	2x Month	Every 2 weeks (Bi-Weekly)	Weekly
Annual Income Conversion: Multiply income by	X 1	X 12	X 24	X 26	X 52
Error Prone: \$ Range Below the free or reduced-price income eligibility limit.	\$0-\$1,200	\$0-\$100	\$0-\$50	\$0-\$50	\$0-\$25