Letter to Households with Frequently Asked Questions
for
Federal Free and Reduced-Price School Meals &
North Dakota's Expanded Income Eligibility Guidance

This document provides information for families with students attending a school in North Dakota offering Federal Child Nutrition Programs such as the National School Lunch Program and/or the School Breakfast Program, as well as information about North Dakota's Expanded Income Eligibility Guidelines for schools. It is effective July 1, 2026.

Dear Family:

Children need healthy meals to learn. **LaMoure Public School** offers healthy meals every school day. Breakfast costs $2.60 and lunch costs $2.75-$3.00. Other programs, such as Title I, rely on income eligibility. If your household income is below the numbers in the chart below, please complete the enclosed income application and return it to the school. To be considered for any other income-based programs the district may offer, please fill out the "Release of Information Form" as well.

Below are some common questions and answers to help you with the application process.

1. **WHO CAN GET FREE MEALS?**
   - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR), or the Temporary Assistance Program for Needy Families (TANF) can get free meals regardless of their income. Also, your children can get free or reduced-price meals if your household income is within the limits on the Federal Income Chart.
   - Foster children under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on the chart below.

Federal Income Chart
For School Year 2026-27

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	$29,526	$40,034	$50,542	$61,050	$71,558	$82,066	$92,574	$103,082	$10,508
Monthly	$2,461	$3,337	$4,212	$5,088	$5,964	$6,839	$7,715	$8,591	$876
2x per Month	$1,231	$1,669	$2,106	$2,544	$2,982	$3,420	$3,858	$4,296	$438
Every 2 Weeks	$1,136	$1,540	$1,944	$2,349	$2,753	$3,157	$3,561	$3,965	$405
Weekly	$568	$770	$972	$1,175	$1,377	$1,579	$1,781	$1,983	$233

   - Children attending schools in North Dakota may receive free meals if your household income is within the limits of the State 225 Expanded Income Guidelines (State 225). Your children may qualify for meals at no cost if your household income falls at or below the limits on the chart below:

State of North Dakota Income Chart
For School Year 2026-27

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	$35,910	$48,690	$61,470	$74,250	$87,030	$99,810	$112,590	$125,370	$12,780
Monthly	$2,993	$4,058	$5,123	$6,188	$7,253	$8,318	$9,383	$10,448	$1,065
2x per Month	$1,496	$2,029	$2,561	$3,094	$3,626	$4,159	$4,691	$5,224	$533
Every 2 Weeks	$1,381	$1,873	$2,364	$2,856	$3,347	$3,839	$4,330	$4,822	$492
Weekly	$691	$936	$1,182	$1,428	$1,674	$1,919	$2,165	$2,411	$246

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet any of these descriptions and haven't been told your children will get free meals, please call or email: **Kelli Isaacson, 701-883-6306 or kelli.isaacson@k12.nd.us**

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 approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **LaMoure Public School, c/o Angie Johnson, PO Box 656, LaMoure, ND 58458 or angie.johnson1@k12.nd.us** as soon as possible.

4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Mitch Carlson at 701-883-6301 or mitch.carkson@k12.nd.us** immediately.

5. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **lamoure.k12.nd.us or the Infinite Campus Parent Portal** to begin or learn more about the online application process.

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **08/28/2026.** You must send in a new application unless the school tells you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child's eligibility status will be cleared, and meals will be charged at the full price listed above.

7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application form.

8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, we may also ask you to send written proof of the household income you report.

9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You may also ask for a hearing by writing to **Alana Lacina, School Board President at LaMoure Public School, c/o Alana Lacina, PO Box 656, LaMoure, ND 58458 or alana.lacina@k12.d.us.**

11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes, you, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

12. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), including yourself and all children living with you.

13. **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.

14. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zero. Please be careful when leaving income fields blank, as we will assume you meant to do so.

15. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? YOUR BASIC PAY AND CASH BONUSES MUST BE REPORTED AS INCOME.** Your basic pay and cash bonus must be reported as income. If you get any cash allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income

16. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application. Contact **Angie Johhson, 701-8833-6305 or angie.johnson1@k12.nd.us** to receive a second application.

17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for State SNAP or other assistance benefits, contact your local assistance office at https://www.hhs.nd.gov/applyforhelp or call 1-844-854-4825.

If you have other questions or need help, call 701-883-5396

Sincerely,

Mitch Carlson // Superintendent

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.
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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.
To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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:

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

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov.

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2026-27 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: Lamoure Public School, c/o Angie Johnson, PO Box 656, LaMoure, ND 58458**

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
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐

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 1-866-614-6005.

STEP 2: **Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Medical assistance does not qualify through an application.**
If NO > Go to STEP 3. **If YES** >Enter SNAP, TANF, or FDPIR 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. College students living away at school can still be counted as household members..

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
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

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
$	☐	☐	☐	☐

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

Total Number of All Household Members (Children + Adults) Here: ☐

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 ❑ **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 200 ___ Denied ____
Determining Official's Signature: _____ **Date:** _____
Reason for Denial ❑**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.

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
• Earnings from work • Social Security a. Disability Payments b. Survivor's Benefits • Income from person outside the household • Income from any other source	• A child has a regular full or part-time job where they earn a salary or wages. • A child is blind or disabled and receives Social Security • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits. • A friend or extended family member regularly gives a child spending money. • 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	All Other Income
• Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing	• Cash Assistance from State or local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • 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. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): ☐ **Hispanic or Latino** ☐ **Not Hispanic or Latino**

Step Two: Race (check one or more): ☐ **American Indian or Alaskan Native** ☐ **Asian** ☐ **Black or African American** ☐ **Native Hawaiian or Other 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 USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint *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: 1. U.S. Department of Agriculture*
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 202509410
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

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

Return completed form to your child's school.

Department of Public Instruction, Child Nutrition and Food Distribution Programs
Income Eligibility Guidelines
July 1, 2026 to June 30, 2027

Federal Reduced-Price Meal – 185 Percent					
Household Size	**Yearly**	**Monthly**	**2x Month**	**Every 2 Weeks**	**Weekly**
1	$29,526	$2,461	$1,231	$1,136	$568
2	$40,034	$3,337	$1,669	$1,540	$770
3	$50,542	$4,212	$2,106	$1,944	$972
4	$61,050	$5,088	$2,544	$2,349	$1,175
5	$71,558	$5,964	$2,982	$2,753	$1,377
6	$82,066	$6,839	$3,420	$3,157	$1,579
7	$92,574	$7,715	$3,858	$3,561	$1,781
8	$103,082	$8,591	$4,296	$3,965	$1,983
For each additional family member add	$10,508	$876	$438	$405	$233

State 225 - 225 Percent					
Household Size	**Yearly**	**Monthly**	**2x Month**	**Every 2 Weeks**	**Weekly**
1	$35,910	$2,993	$1,496	$1,381	$691
2	$48,690	$4,058	$2,029	$1,873	$936
3	$61,470	$5,123	$2,561	$2,364	$1,182
4	$74,250	$6,188	$3,094	$2,856	$1,428
5	$87,030	$7,253	$3,626	$3,347	$1,674
6	$99,810	$8,318	$4,159	$3,839	$1,919
7	$112,590	$9,383	$4,691	$4,330	$2,165
8	$125,370	$10,448	$5,224	$4,822	$2,411
For each additional family member, add	$12,780	$1,065	$533	$492	$246

NOTE: Do not allow hardship deductions from the above.

Reminders

*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.

Teams/general/4nslp/new year 2026

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