



COMMONWEALTH of the NORTHERN MARIANA ISLANDS
PUBLIC SCHOOL SYSTEM
PO BOX 501370, SAIPAN MP 96950 • TEL (670) 237-3061 • FAX (670) 664-3845
www.cnmipss.org



Dear Parents and Guardians,

July 03, 2023

Healthy school meals that meet the nutritional needs of your children are offered free or at reduced prices by the PSS Child Nutrition Program (CNP) through a USDA Nutrition Assistance Grant. Meal prices for the 2022-2023 school year will remain the same as the previous year. Students not eligible for free school meals may buy a subsidized school breakfast for \$0.50. Additional breakfasts can be purchased for \$3.75 at elementary schools and \$4.10 at secondary schools. Students not eligible for free school meals may purchase a subsidized school lunch for \$0.75. Additional lunches can be purchased for \$5.25 at elementary schools and \$5.90 at secondary schools.

To qualify for free meals, an adult household member must complete and submit the attached Free School Meals Application to the principals office at your child's school or to the PSS CNP office located in Government House 1251 on Capital Hill, Saipan. On Tinian, applications can be submitted to the CNP office at Tinian Elementary School. On Rota, the CNP office is located in the Rita H. Inos Junior Senior High School cafeteria. ***Only one application is required for each family household.*** A household is defined as including ALL people living in the home including unwed and " Common Law" couples.

Students listed on the Free School Meals application as receiving ***NAP assistance*** with a valid food stamp case number qualify for free school meals. Children in families not receiving food stamps can receive free meals if ***household*** income is within the free limits listed in the Federal Income Eligibility Guidelines. If no one in the household receives food stamps, SSI, or any other form of income, all adult household members must complete and sign a " Declaration of Unemployment" (DOU) form every forty-five (45) calendar days. If the DOU forms are not updated, the children covered by the forms will be removed from the free meal listing at their respective school(s).

Please follow the directions for filling out the Application for Free School Meals listed on the back of the application form. Applications that are not complete cannot be approved, so be sure to fill out all required information. Should you need assistance or information, please call

Saipan: 664-3901 / 3902

Tinian: 237-4106/4105

Rota: 237-4041/4042

Each year families and households must complete a new Application for Free School Meals.

Applications can be submitted at any time during the school year. There is a built in grace period for students on the school year 2021-2022 Free Meal Eligibility Listing. Those students will continue to receive free meals for the first 30 calendar days of the school year. If the student attends a school that opens on August 1, the grace period ends on August 30. If the student attends a school that opens on August 15, the grace period ends September 15.

Please note that all children attending CNMI public schools will be allowed one free breakfast and one free lunch daily in their respective school cafeterias. A free meal application is not required to avail of these benefits. These benefits do not apply to students attending private schools or daycare centers. These benefits do not apply to younger siblings of public school students attending private schools or day care centers. This benefit applies only to children attending public schools and eating in the public school cafeterias. These benefits are not transferable while public school children attend daycare centers. This benefit applies only to children attending public schools and eating in the public school cafeterias. These benefits are not transferable.

The Federal Income Eligibility Guidelines (IEG) will be used for determining eligibility. Children from families whose annual income is at or below the Federal Guidelines may be eligible for free meals.

Household Size	Annual	Monthly	2x per Month	Bi-weekly	Weekly
1	\$ 18,954	\$ 1,580	\$ 790	\$ 729	\$ 365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, Add.....	+ 6,682	+ 557	+ 279	+ 257	+129

Should you need any assistance or clarifications, please contact PSS CNP.

USDA Nondiscrimination Statement: *This explains what to do if you believe you have been treated unfairly.*

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA' s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/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:

1. **mail:**
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
2. **fax:**
 (833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

LEAVE THIS SPACE BLANK

Application for Free School Meals--- CNMI Public School System--- Child Nutrition Program

Part 1- List each Student's name and information . List names how they are registered at their schools. Write the Food Stamp (NAP) Number if applicable

Student's Last Name	Student's First Name	Middle Initial	Date of Birth Month / Day / Year	Grade (K-12)	School Name	Food Stamp # (If applicable)	SSI or other income to child (If Applicable)
1.			/ /				\$
2.			/ /				\$
3.			/ /				\$
4.			/ /				\$
5.			/ /				\$

Part 2- List all other members of the household. Do not include students listed above in part 1. Report all current income received last month. Attach copies of last month's check stubs for income verification.

Names of All Household Members (do not include students listed in Part 1)		Check here if person has NO INCOME <input checked="" type="checkbox"/>	Household Gross Income For each household member, list each kind of income and how often it is received: weekly, bi-weekly (every 2 weeks), twice per month, monthly . If the person receives no income, place a check in the box next to the person's name.			
Last Name	First Name	<input checked="" type="checkbox"/>	Wages and salaries from all jobs -----Before deductions-----	Pension, SSI, Retirement, Social Security	Any other Income	Age
1.			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
2.			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
3.			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
4.			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
5.			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	

Part 3- Signature and Social Security Number: An adult listed in Part 2 must sign the application and provide a social security number before it can be approved.

I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that PSS officials may verify (check) the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable Commonwealth or Federal laws and my children may lose meal benefits.

Signature of Parent or Legal Guardian		Date Signed	
Print your name		Mailing Address: PO Box City / State / Zip	
Last four digits of Social Security Number	x x x - x x - _ _ _ _	<input type="checkbox"/> Check this box if you do not have a SSN	Daytime Telephone:
EMAIL ADDRESS			

For PSS Child Nutrition Program official use, please do not write below this line

. Categorical Eligibility: NAP _____ Income _____ Temporary until ____/____/____ DYS _____ Other _____

. Total Monthly Income: _____ Household Size _____

. Monthly Income Conversion: Weekly x 4.33 Bi-weekly x 2.15 Twice a month x 2 Verified by: _____

. Signature of Determining Official : CNP Administrator, _____ date: _____

Instructions for completing the 2023-2024 PSS-CNP application for free school meals. **Only ONE APPLICATION is required for each Household.**

If your household receives benefits from the Nutrition Assistance Program (NAP), follow these instructions:

Part 1: List each student's name, date of birth, grade level, school, and a NAP case number.

Part 2: List all household members, except those listed in part 1. *If children listed in part 1 have active NAP case numbers, then you do not need to fill out the income portion for each household member, only the names.*

Part 3: Sign the form. The adult signing the form **MUST** be listed as a household member in part 2. The Social Security Number (SSN) of the signing adult is necessary. Please provide the last 4 digits of the SSN. If the signing adult does not have an SSN, then write "none" in the space provided or check the box provided.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each student's name, date of birth, grade level, school name, and any income such as SSI that each child receives.

Part 2: Follow these instructions to report total household income from last month.

Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, aunts, or friends). You must include yourself and all children living with you that are not listed in part 1. Attach another sheet of paper if necessary.

Column 3-Check if no income: If the person does not have any income, check the box.

Household Gross Income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Wages and salaries from all jobs:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person receives it (weekly, every other week, twice a month, or monthly). *Pensions, Supplemental Security Income (SSI), Retirement, Social Security:* List the total of all income received from these sorts of payments. *Any other income:* In the Any Other column, include Worker's Compensation, unemployment, strike benefits, Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person receives it.

For verification purposes, INCLUDE copies of all income documents for the previous month for each person listed (check stubs, direct deposit statements, SSI statements, etc.) Usually this will include the 2 most recent check stubs for each income earner.

If everyone in the household is unemployed and receives no NAP or SSI benefits, a "Declaration of Unemployment" must also be signed and accompany the application. These forms are available at all public schools and the CNP offices on each island.

Part 3: Sign the form. The adult signing the form **MUST** be listed as a household member in part 2. The Social Security Number (SSN) of the signing adult is necessary. If the signing adult does not have an SSN, then check the box indicating no SSN.

	Student's Last Name	Student's First Name	Middle Initial	Date of Birth Month / Day / Year	Grade (K-12)	School Name	Food Stamp # (If applicable)	SSI or other income to child (If Applicable)
1.	Smith	Jonathan	T	10/ 12 / 2002	5	Garapan Elementary	0987654321	\$ none
2.	Smith	Jonalynn	T	4/ 14/ 2006	1	Garapan Elementary	0987654321	\$ none
3.	Jones	Chackson	S	6 / 1 / 1999	7	Hopwood Jr High		\$ 200

Names of All Household Members (do not include students listed in Part 1)		Check here if person has NO INCOME <input checked="" type="checkbox"/>	For each household member, list each kind of income and how often it is received: weekly, bi-weekly (every 2 weeks), twice per month, monthly . If the person receives no income, place a check in the box next to the person's name.				Age
Last Name	First Name		Wages and salaries from all jobs -----Before deductions-----	Pension, SSI, Retirement, Social Security	Any other Income		
1. Smith	Jerimiah	<input checked="" type="checkbox"/>	\$ 400 per biweekly	\$ _____ per _____	\$ _____ per _____	38	
2. Jones	Juaquina	<input checked="" type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	30	