

PUBLIC SCHOOL SYSTEM



PO BOX 501370, SAIPAN, MP, 96950 • TEL. (670) 237-3061 • FAX (670) 664-3845

 www.cnmpps.org |  [CNMI Public School System](tel:6702373061) |  [cnmpps](https://www.instagram.com/cnmpps)



July 01, 2024

During school year 2024-2025, meals served at CNMI public schools will be free of charge. Students are not required to submit applications to avail of free meals served at public schools.

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. The Public School System Child Nutrition Program recommends children attending private schools, preschools, and daycare centers unable to pay the full price of meals served under the School Lunch Program and School Breakfast Program apply for free meal benefits.

To qualify for free meals, an adult household member must complete and submit the attached Free School Meals Application to the PSS CNP office located in Government House 1251 on Capitol 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 total ***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 may 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 completing 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

Regardless of financial standing and participation in programs such as WIC or NAP, ***a new free school meal application must be completed and submitted each school year to receive free school meal benefits.*** Applications can be submitted at any time during the school year. There is a built-in grace period for students on the school year 2023-2024 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 or daycare center 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.

Meal prices for the 2024-2025 school year will remain the same as the previous year. Students who do not qualify for free subsidized school meals may buy a subsidized school breakfast for \$0.50. Additional breakfasts can be purchased for \$4.00 at elementary schools and \$4.50 at secondary schools. Students who do not qualify for free school meals may purchase a subsidized school lunch for \$0.75. An additional lunch can be purchased for \$5.50 at elementary schools and \$6.50 at secondary schools. ***Students are allowed only one subsidized breakfast and/or one subsidized lunch each day.***

Application forms are now available at the PSS Child Nutrition Program Office located on Capitol Hill, Saipan. Applications are also available at Tinian Elementary School and Rita H Inos Junior Senior High School. To apply for free meals, households must complete the application and submit it to the PSS Child Nutrition Program office. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year by school or other program officials. Applications may be submitted at any time during the school year which is defined as July 1 to June 30.

Note if a child is attending a public school, there is no need to submit an application for meals served at public school locations. Also note that this free meal benefit is not transferable. Should a public school student attend a daycare center on days school is not in session, the free meal benefit will not follow that child to a non-public school location. In order to avail of free meals at the daycare, a verified, approved application for free meals is required.

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	\$ 19,578	\$ 1,632	\$ 816	\$ 753	\$ 377
2	26,572	2,215	1,108	1,022	511
3	33,566	2,798	1,399	1,291	646
4	40,560	3,380	1,690	1,560	780
5	47,564	3,963	1,982	1,829	915
6	54,548	4,546	2,273	2,098	1,049
7	61,542	5,129	2,565	2,367	1,184
8	68,536	5,712	2,856	2,636	1,319
For each additional family member, Add.....	+ 6,994	+ 583	+ 292	+ 269	+135

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.

Instructions for completing the 2024-2025 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 Information About Each Student - Write each student's name, date of birth, grade level, and school or daycare name. If any student receives income, like SSI, write that down too.

Part 2: Report Household Income -First, List Everyone in Your Household who is not listed in part 1. Write the first and last names of everyone living with you. This includes family members (like grandparents or aunts) and friends. Include yourself and all children living with you not listed in Part 1. If you need more space, use another piece of paper.

Second, report the income of each person on the list. If someone on the list does not have any income, check the box next to his/her name. Write the gross income each person earned from work last month (gross means the amount *before* taxes and deductions). You can find this on pay stubs or ask your boss. Also, write how often they get paid (weekly, every other week, twice a month, or monthly). For persons receiving pensions, SSI, retirement, Social Security or other benefits, write the total income from these sources for each person.

Include any other income, like Worker's Compensation, unemployment, strike benefits, Veteran's benefits, disability benefits, regular contributions from people not living in your household, and any income from self-owned businesses, farms, or rentals. Write how often each person gets this income.

Third, Include Income Documents- Attach copies of income documents from the last month for everyone listed. This usually includes the two most recent pay stubs, direct deposit statements, SSI statements, etc. If everyone in your household is unemployed and receives no NAP, retirement, or SSI benefits, fill out a "Declaration of Unemployment" form. These forms are available at the CNP offices on each island.

Part 3: Sign the Form - The adult signing the form must be listed in Part 2. Write the Social Security Number (SSN) of the signing adult. If the adult does not have an SSN, 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. <i>Smith</i>	<i>Jonathan</i>	T	10/ 12 / 2002	5	<i>Garapan Elementary</i>	<i>0987654321</i>	<i>\$ none</i>
2. <i>Smith</i>	<i>Jonalynn</i>	T	4/ 14/ 2006	1	<i>Garapan Elementary</i>	<i>0987654321</i>	<i>\$ none</i>
3. <i>Jones</i>	<i>Chackson</i>	S	6 / 1 / 1999	7	<i>Hopwood Jr High</i>		<i>\$ 200</i>

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.				Age
Last Name	First Name		Wages and salaries from all jobs -----Before deductions-----	Pension, SSI, Retirement, Social Security	Any other Income		
1. <i>Smith</i>	<i>Jerimiah</i>		\$ <u>400</u> per <u>biweekly</u>	\$ _____ per _____	\$ _____ per _____	38	
2. <i>Jones</i>	<i>Juaquina</i>	<input checked="" type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	30	

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: _____