



COMMONWEALTH of the NORTHERN MARIANA ISLANDS
PUBLIC SCHOOL SYSTEM
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July 01, 2020 COMMISSIONER OF EDUCATION
pss.coe@cnmipss.org

Dear Parents and Guardians,

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 2020-2021 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 \$3.00 at elementary schools and \$3.25 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 \$4.35 at elementary schools and \$4.90 at secondary schools.

To qualify for free meals, an adult household member must complete and submit the attached Free School Meals Application to the principal's 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 2019-2020 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 day care 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.

STUDENTS FIRST

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	\$ 16,588	\$ 1,383	\$ 692	\$ 638	\$ 319
2	22,412	1,868	934	862	431
3	28,236	2,353	1,177	1,086	543
4	34,060	2,839	1,420	1,310	665
5	39,884	3,324	1,662	1,534	767
6	45,708	3,809	1,905	1,758	879
7	51,532	4,295	2,148	1,982	991
8	57,356	4,780	2,390	2,206	1,103
For each additional family member, Add.....	+ 5,824	+ 486	+ 243	+ 224	+112

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at the [Filing a Program Discrimination Complaint as a USDA Customer page](#) 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

This institution is an equal opportunity provider.

Cc: Commissioner of Education
Associate Commissioner for Administrative Services

Application for Free School Meals-- CNMI Public School System-- Food and Nutrition Services

LEAVE THIS SPACE BLANK

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 ✓	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	✓	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 2020-2021 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.			Household Gross Income	Pension, SSI, Retirement, Social Security	Any other Income	Age
Last Name	First Name		Wages and salaries from all jobs -----Before deductions-----						
1. Smith	Jerimiah	<input checked="" type="checkbox"/>	\$ 400	per biweekly	\$ _____	per _____	\$ _____	per _____	38
2. Jones	Juaquina	<input checked="" type="checkbox"/>	\$ _____	per _____	\$ _____	per _____	\$ _____	per _____	30