

How to Fill out Meals to You Income Verification Form

This guide walks you through the online application for the Income Verification form for Meals to You. Follow these steps to correctly input your household benefit information and submit your application for review.

This portion of the application only applies to those participants who homeschool or household is enrolled at the school that does not participate in the National School Lunch Program.

Income Verification Form

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Navigate to

https://foodbankofalaska.formstack.com/forms/mty_2026_application

2026 Income Eligibility Form for the Summer Food Service Program

Fill out the following form to the best of your ability and if you have any questions please reach out to the Food Bank of Alaska.

Email: mty@foodbankofalaska.org

Phone: 907-308-7601

Part 1. Child Application Information

Please review the list and check all boxes that apply to your household.

Based on your selections, the next pages will guide you through the appropriate sections of the Income Eligibility Form.

Please Check all that apply*

- A member of my household receives SNAP (formerly Food Stamps) and/or TANF benefits.
- One or more of my children participate in Head Start / Early Head Start.
- My household includes one or more foster children.
- My child(ren) may qualify for Free or Reduced-Price meals based on household income.
- My child(ren) will not qualify for Free or Reduced-Price meals.

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Read through the income verification options and check **ALL** the options that apply

2026 Income Eligibility Form for the Summer Food Service Program

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Email: mtj@foodbankofalaska.org

Phone: 907-308-7601

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Click "Next"

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Child Information

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Enter the name of the first child listed on your application, then select all options below that apply to the child:

1. If the child receives Free or Reduced Lunch through the National School Lunch Program, select the first box.
2. If the child is a foster child, select the second box.
3. If the child is migrant, homeless, or a runaway, select the third box.
4. If the child participates in Head Start or Early Head Start, select the fourth box.

If none of these apply, leave all boxes unchecked and click "Next" at the bottom of the page.

The screenshot shows a web form with the following elements:

- A text input field labeled "Name of Child One*" with an orange arrow pointing to it.
- A note: "Please check all options that apply. If none apply to this child, leave this section blank and move on to the next page."
- Four checkbox options with labels: "C1 FRPL Receives Free or Reduced-Price School Lunch", "C1 FC Foster Child", "C1 MHR Migrant, Homeless, or Runaway", and "C1 HS Enrolled in Head Start/ Early Head Start". An orange arrow points to the first checkbox.
- "Previous" and "Next" buttons.
- Logo for "FOOD BANK of ALASKA" with contact information: "2192 Viking Dr Anchorage, AK 99501 907-272-FOOD foodbankofalaska.org".
- A footer note: "This organization is an equal opportunity provider."

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Part 1 will continue with as many children as you selected at the beginning of your application. If you filled out school information for 4 children, you would get four different windows pertaining to each child.

Please do not skip a child. If there is not a Part 1 section for every child on the application, we cannot approve them for the Meals to You Program

SNAP Benefits

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If you checked on the first page that a member of your household receives SNAP or TANF benefits, please follow these steps to submit that information for income verification.

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On this page fill in

1. The name of the Benefit recipient
2. Select whether you receive SNAP or FDPIR
3. Select if you receive TANF benefits
4. Enter in the case number for SNAP, FDPIR or TANF

Name of Benefit Recipient*

SNAP/FDPIR

TANF

 TANF

SNAP/FDPIR/TANF Case Number (required)*

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Next



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Once all that information is complete, click "Next" to move on to the next section

Name of Benefit Recipient*

SNAP/FDPIR

TANF

TANF

SNAP/FDPIR/TANF Case Number (required)*

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Next



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Household Income

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Enter the number of adults in the household and click "Next"

Part 3. Total Household Gross Income

This section collects household income information so Food Bank of Alaska staff can verify your eligibility for the Meals to You program.

You will be asked to provide income details for all household members, including children. If a household member does not earn income or receive money from other sources, please enter "0" and leave the frequency field blank.

Check this box if you checked "My child(ren) will not qualify for Free or Reduced-Price meal" in Part 1

I checked "My child(ren) will not qualify"

Note: if you checked the box "My child(ren) will not qualify for Free or Reduced-Price Meal" in Part 1 you household is not eligible for the Meals to You Program

Number of Adults in the Household*

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Children Income Information

10 Fill in the following information for each child:

- Enter the child's name.
- Indicate whether the child was approved for a 2025 PFD.
- Enter the income amount and frequency for gross earnings, welfare, and pensions.
If the child does not have any income, enter "0" in all income fields.
- This section will repeat for each child listed on your application.
- After completing all sections, click "Next."

The screenshot shows a form titled "Children Income Information" for "Child One Name*". The form includes a "Check if Approved for PFD in 2025 C1" section with a "Yes" checkbox. Below this are three income categories: "Gross Earnings from Work before deductions", "Welfare, Child support, Alimony", and "Pensions, Retirement, Social Security, Other". Each category has an "Income" field (with a dollar sign) and a "Frequency" dropdown menu. A "Previous" button is on the left and a "Next" button is on the right. The Food Bank of Alaska logo and address are at the bottom.

Child One Name*

Check if Approved for PFD in 2025 C1
 Yes

If a household member does not earn income or receive money from other sources, please enter "0" and leave the frequency field blank.

Gross Earnings from Work before deductions
If none, write "0"

Income \$

Frequency

Welfare, Child support, Alimony
If none, write "0"

Income \$


Frequency

Pensions, Retirement, Social Security, Other
If none, write "0"

Income \$

Frequency

Previous


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Adult Income Information

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Fill in the following information for each adult listed:

- Enter the Adult's first and last name
- Indicate whether the adult was approved for a 2025 PFD.
- Enter the income amount and frequency for gross earnings, welfare, and pensions.
If the adult does not have any income, enter "0" in all income fields.
- This section will repeat for the number of adult you wrote in step 9

Part 3 - Adult 1

Adult One Name*

Check if Approved for PFD in 2025 A1

If a household member does not earn income or receive money from other sources, please enter "0" and leave the frequency field blank.

Gross Earnings from Work before deductions If none, write "0"	Income \$ <input type="text"/>	Frequency <input type="text"/>
Welfare, Child support, Alimony If none, write "0"	Income \$ <input type="text"/>	Frequency <input type="text"/>
Pensions, Retirement, Social Security, Other If none, write "0"	Income \$ <input type="text"/>	Frequency <input type="text"/>

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• After completing all sections, click “Next.”

Gross Earnings from Work
before deductions
If none, write "0"

Income

\$

Frequency

Welfare, Child support, Alimony
If none, write "0"

Income

\$

Frequency

Pensions, Retirement, Social
Security, Other
If none, write "0"

Income

\$

Frequency

Previous

Next



Optional- Civil Rights Information

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If you would like, answer the race and ethnicity questions. If you do not want to answer these questions, click "Next"

OPTIONAL- Civil Rights Information Enrolled Child(ren)'s Ethnicity & Race

Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Previous

Choose one of more (regardless of ethnicity):

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- White



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Signature

14 Please indicate whether the signer of this form has a Social Security Number.

- If **Yes** is selected, enter the last four digits of the Social Security Number in the fields provided.
- This information is encrypted, and Food Bank of Alaska staff can only access it during the application and verification period.

Part 4. Signature for Income Verification Form and Last four digits of SSN

Once Part 3 is completed, the adult signing the form must also list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below.)

By signing this document:

I certify (promise) that all information on this application is true and that all income is reported.

I understand the sponsor will get Federal funds based on the information I give. I understand that sponsor officials may verify (check) the information.

I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Does the Signer have a Social Security Number?*

Yes No

Signature*



Use your mouse or finger to draw your signature above

[clear](#)

Signer Full Name*



15 Please **sign** this form to affirm you have read the above statement which says:

I certify (promise) that all information on this application is true and that all income is reported.

I understand the sponsor will get Federal funds based on the information I give. I understand that sponsor officials may verify (check) the information

I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Does the Signer have a Social Security Number?*

Required field

Yes No

Signature*



Use your mouse or finger to draw your signature above

clear

Signer Full Name*

Sign Date*

Street Address, City, State, Zip*

16 Fill in the signer's first and last name

clear

Use your mouse or finger to draw your signature above

Signer Full Name*

Sign Date*

Street Address, City, State, Zip*

Phone*

Privacy Act Statement: This explains how we will use the information you give us. 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 social security number of the adult household member who signs the application. 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

17 Date and Time will automatically show up with the current date and time.

clear

Use your mouse or finger to draw your signature above

Signer Full Name*

Sign Date*

Street Address, City, State, Zip*

Phone*

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18 Type in the signer's full address

Use your mouse or finger to draw your signature above clear

Signer Full Name*

Required field

Sign Date*

Apr 08, 2026 13:51

Street Address, City, State, Zip*

Phone*

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19 Fill in the signer's phone number.

Use your mouse or finger to draw your signature above clear

Signer Full Name*

Required field

Sign Date*

Apr 08, 2026 13:51

Street Address, City, State, Zip*

Required field

Phone*

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Privacy Act Statement

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Privacy Act Statement shares how the Food Bank of Alaska will be using this information

Phone*

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Fair Hearing

If you do not agree with the eligibility decision on your application, you may wish to discuss it. You also have the right to a fair hearing. You can do this by calling or writing the following official:

Name: Anthony Reinert -Chief Programs Officer **Phone:** 907-222-3104

Address: 2192 Viking Drive, Anchorage, AK, 99501

Sincerely,

Anthony Reinert

Authorized Representative of Sponsor Organization

USDA Non-Discrimination Statement

Fair Hearing

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This section explains who to contact if you have a complaint or would like to appeal a decision made based on the information provided.

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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, audiotope, 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

USDA Non-Discrimination Statement

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Read the "USDA Non-Discrimination Statement"

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Submit Form



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Once all the required materials have been read and form filled out, click "Submit Form".

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Address: 2192 Viking Drive, Anchorage, AK, 99501

Sincerely,

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Submit Form

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Thank you for filling out the SFSP income verification form for the Meals to You program 2026