

*[print on school district letterhead]*

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$\_\_\_\_; lunch costs \$\_\_\_\_\_.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students will receive breakfasts at no charge.

Students attending schools that participate in the Community Eligibility Provision, Provision 2 or Provision 3 will receive school meals at no charge without an application. However, at public schools, a completed application is still needed to help the school qualify for education funds and discounts.

Return your completed Application for Educational Benefits to:

*[insert address]*

**Who can get free school meals?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Also, children can get free school meals if their household income is within the maximum income shown for their household size.

**I get WIC. Can my children get free school meals?** Children in households participating in WIC may be eligible for free school meals. Please fill out an application.

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price school meals.

**Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes.

**Will the information I give be checked?** Yes, and we may also ask you to send written proof.

**How will the information be kept?** Information you provide on the form, and your child's approval status for school meal benefits, will be protected as private data. Your child's approval status for school meal benefits may be shared with other nutrition, education or health programs that offer benefits based on approval for school meals – for more information see the back page of the Application for Educational Benefits. Let us know if you do not want your information shared for benefits from other programs.

If you have other questions or need help, call *[phone number]*.

Sincerely, *[signature]*

## How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2015-16 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR). *or*
- The household includes foster children (a welfare agency or court has legal responsibility for the child). *or*
- The total income of household members is within the guidelines shown below (gross earnings, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2015 through June 30, 2016.

Maximum Total Income					
Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

### Step 1 Children

List all children living in the household, their birthdate and, if applicable, their grade and school. Fill in the circle if a child is in foster care. Attach an additional page if necessary. Providing racial/ethnic information for each child is optional; this information helps to make sure we are fully serving our community.

**Step 2 Case Number** Complete Step 2 if any household member currently participates in any of the three assistance programs listed in Step 2. If Step 2 is completed, skip Step 3.

### Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

Regular earnings to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular income to children. Do not include occasional earnings like babysitting or lawn mowing.

Social Security number – The person signing the application must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.

Adults / Incomes – List all adults living in the household, whether related or not (such as grandparents, other relatives, or friends). Include any adult who is temporarily away, such as a student away at college. Attach an additional page if necessary.

- List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For farm or self-employment income only, list net income after subtracting business expenses.
- For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received.

**Step 4** If you do *not* want Information to be shared with state health insurance programs, check the box.

**Step 5 Signature and Contact Information** An adult household member must sign the form.

Application for Educational Benefits

School Meal Benefits – School Year 2015-16 – State and Federally Funded Programs

**Step 1 List All Children in the Household** (infants through grade 12). Attach an additional page if necessary. Race and ethnicity questions are optional and do not affect approval for school meal benefits. For Hispanic/Latino ethnicity, choose yes or no for each child. For race, select all that apply for each child.

Last Name	First Name	Birthdate	Grade	School	Foster Child?*	Optional Hispanic / Latino Ethnicity? **		Optional Racial Identity ** Fill in one or more circles for each child				
						Yes	No	American Indian	Asian	African American	Pacific Islander	White
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* The child is the legal responsibility of a welfare agency or court. If all children who need meal benefits are foster children, skip Steps 2 and 3.

\*\* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White.

**Step 2 Assistance Program Case Number** (if applicable)

If any household member receives benefits from one of the assistance programs listed below: **Check the program and write in the case number. Skip Step 3.**

Minnesota Family Investment Program (MFIP)  Supplemental Nutrition Assistance Program (SNAP)  Food Distribution Program on Indian Reservations

**Case Number** \_\_\_\_\_ (Medical Assistance and WIC case numbers do not qualify for this purpose.)

**Step 3 List All Adult Household Members and Household Incomes** Include all household members not listed in Step 1, related or not, including yourself.

- If any children in the household have regular income, such as a part-time job or SSI, write in the total regular income for all children. Do not include occasional earnings such as babysitting or lawn mowing. **Total regular income to children:** \$ \_\_\_\_\_  Weekly  Bi-Weekly  2x month  Monthly
- **Last 4 digits of the Social Security number (SSN)** of the person signing this application (required):  X  X -  X  - \_\_\_\_\_ OR  I don't have an SSN
- **Adult Household Members / Incomes** Write in the name of each adult household member, their *gross incomes (before deductions)* in whole dollars, and how often the income is received. Include a household member who is temporarily away, such as a college student. If income fluctuates, write in the amount normally received (before deductions). For self-employment income only, write in net income after business deductions. For adults with no income to report, enter '0' or leave the section blank – this is your certification (promise) that they have no income to report. Attach an additional page if necessary.

Adults - Full Name Include any college students.	Earnings from Work Gross wages or net self-employment	How often?					Public Assistance, Child Support, Alimony	How often?				All Other Incomes for example pension, retirement, disability, Veterans benefits, unemployment	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 4** If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information.  Do *not* share information for this purpose.

**Step 5** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws.

**Signature** of Adult Household Member (required) \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Is this form required?** This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without application (*Community Eligibility Provision, Provision 2 or Provision 3*). However, at public schools, your completion of this form also helps the school qualify for other education funds and discounts even if not needed for school meals.
- (2) You have been notified that your children have been directly certified for school meal benefits based on participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR).

**Privacy Act Statement / How Information Is Used**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school 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 are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or 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 qualifies for free school meals, and for administration and enforcement of the school meal programs. We *may* share your information with other 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.

Children who qualify for free or reduced-price school meals may qualify for Minnesota Health Care Programs. Your child's status for school meals *may* be shared with Minnesota Health Care Programs unless you tell us not to share your information by checking the box in Step 4 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (MDE) as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

**Nondiscrimination Statement**

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<p><b>Office Use Only</b></p> <p>Total Household Size: _____ Total Income: \$ _____ per _____</p> <p>Approved (check all that apply): <input type="checkbox"/> Case Number – Free</p> <p><input type="checkbox"/> Foster – Free    <input type="checkbox"/> Income – Free    <input type="checkbox"/> Income – Reduced-Price</p> <p>Denied: <input type="checkbox"/> Incomplete    <input type="checkbox"/> Income Too High</p> <p>Signature – Determining Official: _____ Date: _____</p> <p>Change Status To: _____ Reason: _____ Withdrawn: _____</p>	<p><b>Office Use Only</b></p> <p>Date Verification Sent: _____ Response Due: _____ 2<sup>nd</sup> Notice: _____</p> <p>Result: <input type="checkbox"/> No Change    <input type="checkbox"/> Free to Reduced-Price    <input type="checkbox"/> Free to Paid</p> <p><input type="checkbox"/> Reduced-Price to Free    <input type="checkbox"/> Reduced-Price to Paid</p> <p>Reason for Change: <input type="checkbox"/> Income    <input type="checkbox"/> Case number not verified</p> <p><input type="checkbox"/> Foster not verified    <input type="checkbox"/> Refused Cooperation    <input type="checkbox"/> Other: _____</p> <p>Signature – Verifying Official: _____ Date: _____</p> <p>Signature – Confirming Official: _____ Date: _____</p>
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