

## Instructions for Completing the Application for Educational Benefits

If your household currently participates in **FOOD SUPPORT (STAMPS), MINNESOTA FAMILY INVESTMENT PLAN (MFIP) or FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):**

- If you are applying for a FOSTER CHILD** (child living in your household who remains the legal responsibility of a welfare agency or court):
- 1: Check the box if this is the first school meal application for any of your children at this school district or nonpublic school.
  - 2: Check the box if this is the first school meal application for this child at this school district or nonpublic school.
  - 3: Check the box labeled "one foster child" and check the box to indicate that the foster child receives income for personal use, or write in the amount of personal use income to the foster child. Write in the amount of income for personal use, or write in the amount of personal use income to the foster child.
  - 4: Leave this section blank.
  - 5: If your children are approved for meal benefits, this information may be shared with state of Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
  - 6: An adult household member must sign the form. Their Social Security number is *not* needed.

**ALL OTHER HOUSEHOLDS** (including WIC households):

Complete an Application for Educational Benefits if your household income is less than or equal to the amount shown for your household size in this chart. These amounts are effective July 1, 2010, through June 30, 2011.

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional household member add:	6,919	577	289	267	134

**1:** Check the box if this is the first school meal appli

cation for any of your children at this school district or nonpublic school.

**2:** Check the box labeled "All children in the household." List each child's name, date of birth, grade and school. If a child receives regular income, such as SSI payments or wages from a job, list the amount and how often it is received in the last column. Do not list occasional earnings like babysitting.

**3:** Leave this section blank.

**4:** Report all incomes for all adult household members.

**Names:** List the first and last name of each adult living in your household, related or not (such as grandparents, other relatives or friends), including yourself. Include a household member temporarily away from home, such as a college student. Attach another page if necessary.

**No Income:** Check this column if a person has no income.

**Gross Monthly Wages and Salaries:** Next to each adult's name list the **gross income** earned from work before taxes and other deductions (*not* take-home pay). Next to each amount, write in **how often the income is received** for example: **weekly (W)**, **bi-weekly** (every other week) (**BW**), **twice per month (TM)**, **monthly (M)** or **yearly (Y)**. If income fluctuates, list expected annual gross income or average monthly income.

**All Other Incomes:** List all other amounts received on a regular basis from any source. For **self-employment or farm income**, list annual *net* income after deduction of business expenses (generally reported on a Schedule C or Schedule F of federal tax return).

**5:** If your children are approved for school meal benefits, their approval status may be shared with state of Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.

**6:** An adult household member must sign the Application for Educational Benefits and provide their Social Security number. If the person signing the form does not have a Social Security number, they must indicate this by checking the box.



## Application for Educational Benefits

**Free and Reduced-Price School Meals • School Year 2010-11 • State and Federally Funded Programs for Schools**

1. Check here if this is the first school meal application at this school district or this nonpublic school for any child listed below.
2. I have listed below  **All children in the household** except foster children, from birth through high (check one):  **Additional page, if necessary.**  
 **One foster child** in my care (who is the legal responsibility of a social services agency or court). Write in the foster child's name, date of birth, grade and school below. Does this foster child receive foster care funds that are designated specifically for the child's personal use?  No  Yes - \$\_\_\_\_\_.  
 Complete a separate application for each foster child. Do not combine foster children and other children on this form.

Names of all Children in Household except Foster Children (or Name of One Foster Child)		Date of Birth Month/Day/Year	Grade	School	If a F Inco (for e
First Name	Last Name				
		_/_/___			\$_____
		_/_/___			\$_____
		_/_/___			\$_____
		_/_/___			\$_____
		_/_/___			\$_____

4. List *all adults* in the household, *all incomes* and *how often* each income is received. Attach an additional page, if necessary. The instructions page shows the maximum income to qualify for school meal benefits. **Do not complete Section 4** if a foster child is listed in Section 2 or a case number is provided in Section 3.

Names of all Adults in Household (all household members not listed in Section 2)		Check this column if person has <b>NO INCOME</b> <input checked="" type="checkbox"/>	Household Income Write in each gross income and how often it is received: <b>weekly</b> (W), <b>monthly</b> (M) or <b>yearly</b> (Y). Do <i>not</i> write in hours normally received.		
First Name	Last Name		Gross Wages and Salaries from all jobs - before deductions -	Pension, SSI, Retirement, Social Security	Public Assis Child Supp Alimon
			\$_____ per _____	\$_____ per _____	\$_____ per _____
			\$_____ per _____	\$_____ per _____	\$_____ per _____
			\$_____ per _____	\$_____ per _____	\$_____ per _____

5. If your children are approved for school meal benefits, this information may be shared with MinnesotaCare and General Assistance Medical Care programs to identify children eligible for Minnesota health insurance programs. See back page for more information. Leave the boxes blank to allow sharing of information.  
 Do **not** share my information with the MinnesotaCare health insurance program.  Do **not** share my information with the General Assistance Medical Care program.
6. **I certify that the information provided on this application is true and correct and that I have reported all household members and all household incomes. Because federal and state funds may be paid on the basis of this information, I understand that school and state officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws.**

Signature of Adult Household Member (required) \_\_\_\_\_ Print Name: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Social Security number (required if Part 4 is completed): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR  I don't have a Social Security number

Address: \_\_\_\_\_ City \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Total Household Size: \_\_\_\_\_ Total Incomes:\$ \_\_\_\_\_ per \_\_\_\_\_ **Office Use Only**  
Or Household Is Categorically Eligible: \_\_\_\_\_ (MFIP/Food Assistance (Stamps)/FDPIR)  
Approved: Free \_\_\_\_\_ Reduced-Price \_\_\_\_\_ Temporary until \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Denied: Incomplete \_\_\_\_\_ Income Too High \_\_\_\_\_ Other: \_\_\_\_\_  
Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Withdrawn: \_\_\_\_\_  
Change Status To: \_\_\_\_\_ Reason: \_\_\_\_\_

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_  
Result: No Change \_\_\_\_\_ Free to Reduced-Price \_\_\_\_\_ Free to F  
Reason for Change: Income \_\_\_\_\_ Household Size \_\_\_\_\_ Ref  
Date 'Notice of Change' Sent: \_\_\_\_\_  
Signature of Verifying Official: \_\_\_\_\_

### **Social Security Number / Complete Application**

The National School Lunch Act requires that unless an active MFIP, Food Stamp or FDPIR assistance number is supplied for your child or you are applying for a foster child, the household member signing the application must provide their Social Security number or indicate that they do not have a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved.

To be complete, an application based on public assistance must include children's names, assistance numbers and signature of an adult household member. A complete application based on household income must include the names of all household members, the amounts of income received by all adult household members, the signature of an adult household member and the Social Security number of the household member completing the application or an indication that they have no Social Security number. A complete application for a foster child must include the child's name, the amount of any income received for the child's personal use and the signature of an adult household member.

### **Verification**

The school and the Minnesota Department of Education may use the information provided on this form in carrying out efforts to verify the correctness of household size and income and public assistance information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting state agencies such as the Minnesota Departments of Economic Security, Human Services or Revenue to verify income or current approval for public assistance. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### **Privacy of Information That You Provide on This Form**

Information that you provide on this form is private data. The information is used to determine and verify whether children in your household qualify for free or reduced-price school meals and for administration and enforcement of the lunch and breakfast programs. We may share your information with 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. The information you provide on this application is not released for any other purpose unless a parent or guardian requests the release in writing.

### **Privacy of Your Child's Eligibility Status**

Your child's eligibility status for school meals (qualified for "free," "reduced-price" or "paid" meals) is private data used by the school officials who need to know the information to provide the correct school meal benefit to your child. At public school districts, each student's eligibility status is also recorded on a statewide computer system used to report student data to the Minnesota Department of Education as required by state law. The Minnesota Department of Education 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.

Federal law allows a school to release a child's meal eligibility status to officials of the following types of programs without household consent: (1) federal education program; (2) state health or education program administered by the school or a state agency; and (3) federal, state or local nutrition program that has participation requirements similar to the National School Lunch Program. School officials may send information about other programs or benefits that may be of interest to households that have qualified for free or reduced-price school meals. School meal eligibility information is also used for statistical reports, without individual identification. A child's eligibility status will not be released for any other purpose unless a parent or guardian requests the release in writing.

### **Sharing Information with MinnesotaCare and General Assistance Medical Care Programs**

Children who are eligible for free and reduced-price school meals may be eligible for Minnesota health insurance programs. Your child's eligibility status for school meals (qualified for free or reduced-price meals) may be shared with the MinnesotaCare and General Assistance Medical Care programs unless you tell us not to share your information by checking the boxes in section 5 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

**Civil Rights Survey**

This information is requested solely for the purpose of civil rights laws, and will not affect your application. We will assist you in assuring that this program is administered fairly.

**1. Ethnicity** (check one):

- Hispanic or Latino     Not Hispanic or Latin

**2. Race** (check one or more):

- American Indian or Alaskan Native     Nat  
 Asian     Wh  
 Black or African American

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** *In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.*