

**Instructions for Completing
APPLICATION for EDUCATIONAL BENEFITS**

If your household participates in FOOD SUPPORT (STAMPS), MFIP or FDPIR, follow these instructions:

- Part 1:** Check the box if this is the first time a school meal application is being completed for any child.
Part 2: Check the box labeled "All children in the household." List each child's name, date of birth, grade, school and case number. Medical Assistance case numbers do *not* qualify.
Part 3: Skip this part.
Part 4: If your children are approved for meal benefits, this information may be shared with Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
Part 5: An adult household member must sign the form. The Social Security number is not needed.

If you are applying for a FOSTER CHILD, follow these instructions:

- Use a separate application for each foster child.**
Part 1: Check the box if this is the first time a school meal application is completed for this child.
Part 2: Check the box labeled "One foster child." Check the box to indicate that the foster child receives no income for personal use, or write in the amount of personal use income to the foster child. Write in the foster child's name, date of birth, grade and school.
Part 3: Skip this part.
Part 4: If your child is approved for meal benefits, this information may be shared with Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
Part 5: An adult household member must sign the form. Social Security number is not needed.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

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, 2009, through June 30, 2010.

Total Household Income – Maximum

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

- Part 1:** Check the box if this is the first school meal application for any child in your household.
Part 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.
Part 3: 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, every two weeks, twice per month, monthly).
All Other Incomes: List all other amounts received on a regular basis from any source. For self-employment, list *net* income (after business expenses).
Part 4: If your children are approved for meal benefits, this information may be shared with Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
Part 5: An adult household member must sign the form and provide their Social Security number. If the person signing the form does not have a Social Security number, they may indicate this by checking the box.

Application for Educational Benefits

Free and Reduced-Price School Meals • School Year 2009-10 • State and Federally Funded Programs for Schools

- Check here if this is the first school meal application for any child listed below.
- I have listed below **All children in the household** except foster children, from birth through high school. Attach an additional page, if necessary.
(check one): **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	Grade	School	If applicable Case Number for each child (MFIP, Food Stamps or FDPIR)	If applicable SSI or Other Regular Income to Child
First Name	Last Name	Month/Day/Year				
1		___/___/___				\$_____ per _____
2		___/___/___				\$_____ per _____
3		___/___/___				\$_____ per _____
4		___/___/___				\$_____ per _____
5		___/___/___				\$_____ per _____

- 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 3 if all children applying for school meal benefits in Section 2 have case numbers, or if this application is for a foster child.

Names of all Adults in Household (all household members not listed in Section 1)		Check this column if person has NO INCOME <input checked="" type="checkbox"/>	Incomes				
First Name	Last Name		Gross Wages and Salaries from all jobs - before deductions -	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including <i>net</i> Farm/ Self-Employment
			Write in each gross income and how often it is received: weekly, bi-weekly (every two weeks), twice per month, monthly or yearly . Do <i>not</i> write in hourly pay. If income fluctuates, write in the amount normally received.				
1			\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
2			\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
3			\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
4			\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____

- 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.
- I certify that the information provided on this application is true and correct. 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 3 is completed): _____ - _____ - _____ OR I don't have a Social Security number
 Address: _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____

Total Household Size: _____ Total Incomes: \$ _____ per _____ Or Household Receives: MFIP / Food Support (Stamps) / FDPIR Approved: Free _____ Reduced-Price _____ Temporary until _____, _____, _____ Denied: Incomplete _____ Income Too High _____ Other: _____ Signature of Determining Official: _____ Date: _____ Withdrawn: _____ Change Status To: _____ Reason: _____	Office Use Only
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Date Verification Sent: _____ Response Due: _____ 2 nd Notice Sent: _____ Result: No Change _____ Free to Reduced-Price _____ Free to Paid _____ Reduced-Price to Free _____ Reduced-Price to Paid _____ Reason for Change: Income _____ Household Size _____ Refused Cooperation _____ Other: _____ Date 'Notice of Change' Sent: _____ Signature of Verifying Official: _____ Date: _____	Office Use Only
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Social Security Number / Complete Application

The National School Lunch Act requires that unless an 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 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.

Civil Rights Survey (voluntary)

This information is requested solely for the purpose of determining compliance with federal civil rights laws, and will not affect your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

1. Ethnicity (check one):

Hispanic or Latino Not Hispanic or Latino

2. Race (check one or more):

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American

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.