

**INSTRUCTIONS FOR COMPLETING
APPLICATION for EDUCATIONAL BENEFITS**

If your household participates in FOOD 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 "I have listed below *all children* in the household except foster children." 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: An adult household member must sign the form. A Social Security number is not necessary.

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 "I have listed below a *foster child*." List the foster child's name, date of birth, grade, and school. In the last column "SSI or other regular income to child," list any income that is designated for the child's personal use or write "none" if the child has no personal use income.

Part 3: Skip this part.

Part 4: An adult household member must sign the form. A Social Security number is not necessary.

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, 2007 through June 30, 2008.

Total Household Income - Maximum

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	18,889	1,575	788	727	364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
For each additional household member add:	6,438	537	269	248	124

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 "I have listed below *all children* in the household except foster children." List each child's name, date of birth, grade and school. If a child receives any regular income, such as SSI payments, list the amount and how often it is received in the last column.

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.

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 (weekly, every two weeks, twice per month, monthly).

All Other Incomes: List **all other amounts**, in addition to wages and salaries, that each person receives on a regular basis from any source. Next to each amount, write how often the income is received. If a person has no income, check the "No Income" box. For self-employment, list *net* income after business expenses.

Part 4: 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.