

## Instructions for Completing the *Application for Educational Benefits*

Complete an application if one or more of the following apply to your household:

- Any member of the household currently participates in any of these three programs: *Minnesota Family Investment Program (MFIP)*, *Food Support (SNAP)*, or *Food Distribution Program on Indian Reservations (FDPIR)*.
- One or more children in the household are *foster children* (a welfare agency or court has legal responsibility for the child).
- *Total household income* (gross earnings, *not* take-home pay) is within these guidelines:

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional household member add:	7,067	589	295	272	136

**Section 1** Check the box if this is the first time that you have applied for meal benefits for any of your children at this school district or nonpublic school.

**Section 2** List all children in the household, including foster children, and provide the requested information for each child. List any regular incomes to children such as SSI payments or regular earnings. Do not list occasional earnings like babysitting.

*Foster children:* check the “foster child” box for each child who is a foster child (a welfare agency or court has legal responsibility for the child). If all children who need to be approved for school meal benefits are foster children, skip sections 3 and 4.

**Section 3** If any member of the household receives public assistance from any of the following three programs, write in the person’s name and case number: *Minnesota Family Investment Program (MFIP)*, *Food Support (SNAP)*, or *Food Distribution Program on Indian Reservations (FDPIR)*. If section 3 is completed, skip section 4. A Medical Assistance number does *not* qualify for this purpose.

**Section 4** Write in all adult household members and all incomes. Include all adult persons who live in the household whether related or not. Also include any persons who are temporarily away, such as a student away at college.

For earnings, list *gross income before taxes and other deductions*, not take home pay. You should be able to find your gross income on your pay stub. For *farm/self-employment income only*, list net income after business expenses. Write in how often each income is received: Weekly (W), Bi-Weekly (every other month) (BW),

Twice per Month (TM), or Monthly (M). Do *not* write in an hourly wage.

Examples of “other income” to include in the last column are farm or self-employment income, Veterans (VA) benefits, and disability benefits.

*Do not include as income:* foster care payments, federal education benefits, or assistance provided by MFIP, Food Support (SNAP), WIC or FDPIR. Military: Do *not* include income from the Military Privatized Housing Initiative or combat pay.

**Section 5** Leave these boxes blank if you want to share your school meal eligibility status with these health benefit/insurance programs. Check the boxes if you do not want to share your eligibility status with these programs.

**Section 6** The form must be signed by an adult household member. If section 4 of the application has been completed, the signer must provide the last four digits of their Social Security number unless they indicate that they do not have a Social Security number. Provide address and phone number to assist in processing your application.

Also please provide voluntary racial/ethnic information requested on the back page of the form.

**Application for Educational Benefits**

**Free and Reduced-Price School Meals • School Year 2011-12 • State and Federally Funded Programs**

1.  Check here if this is the first school meal application at this school district or nonpublic school for any child listed below.

2. Names of all Children in Household <i>including Foster Children</i> Attach additional page if necessary		Date of Birth	Grade	School	✓ if foster child *	Any Regular Income to Child (for example SSI)
Last Name	First Name	Month/Day/Year				
		___/___/___			<input type="checkbox"/>	\$_____ per _____
		___/___/___			<input type="checkbox"/>	\$_____ per _____
		___/___/___			<input type="checkbox"/>	\$_____ per _____
		___/___/___			<input type="checkbox"/>	\$_____ per _____
		___/___/___			<input type="checkbox"/>	\$_____ per _____

**3. Benefits (if applicable)**  
If any household member receives benefits from a program listed below, check the applicable box and write in the name of the person receiving benefits and their case number. Skip section 4.

\_\_\_\_\_ Name \_\_\_\_\_ Case Number

Minnesota Family Investment Program (MFIP)

Food Support (SNAP)

Food Distribution Program on Indian Reservations

*- Medical Assistance number does not qualify. -*

\* The child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 3 and 4.

4. Names of all Adults in Household (all household members not listed in Section 2) Include all adults living in your household, related or not. Attach additional page if necessary.		Check if NO Income ✓	Household Incomes: Write in each gross income and how often it is received: <b>weekly (W)</b> , <b>bi-weekly</b> (every other week) <b>(BW)</b> , <b>twice per month (TM)</b> , <b>monthly (M)</b> . Do <i>not</i> write in hourly pay. If income fluctuates, write in the amount normally received. Attach additional page if necessary.				
First Name	Last Name		Gross Wages and Salaries - 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
			\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
			\$_____ per _____	\$_____ 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 information with the MinnesotaCare health insurance program.  Do **not** share information with the General Assistance Medical Care program.

6. I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal and state funds based on the information I give. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

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

Social Security number – last 4 digits (required if Section 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**

Approved (check all that apply):  Case Number - Free  Foster - Free

Income – Free  Income – Reduced Price  Temporary until \_\_\_\_\_

Denied:  Incomplete  Income Too High  Other:

Signature - Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Change Status To: \_\_\_\_\_ Reason: \_\_\_\_\_ Withdrawn: \_\_\_\_\_

Signature – Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_

Result:  No Change  Free to Reduced-Price  Free to Paid **Office Use Only**

Reduced-Price to Free  Reduced-Price to Paid

Reason for Change:  Income  Household Size  Refused Cooperation

Other:

Signature – Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_