

**INSTRUCTIONS FOR COMPLETING
APPLICATION for EDUCATIONAL BENEFITS / MEALS**

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

Part 1: List each child's name, date of birth, grade, school, and case number. Medical Assistance case numbers do *not* qualify. Check if the case number is for MFIP, Food Stamps, or FDPIR.

Part 2: Skip this part.

Part e: If your children are approved for meal benefits, this information may be shared with Minnesota health programs to identify eligible children. Check the boxes only if you do not want your information shared.

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 indicating that you are applying for 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 2: Skip this part.

Part 3: If your foster child is approved for meal benefits, this information may be shared with Minnesota health insurance programs. Check the boxes only if you do not wish this information to be shared.

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, 2008 through June 30, 2009.

Household Size	Total Gross Household Income - Maximum				
	Yearly	Monthly	Twice Per Month	Every 2 Weeks	Weekly
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
For each additional household member add:	6,660	555	278	257	129

Part 1: List each child's name, date of birth, grade and school. If a child receives any regular income, such as SSI payments or income from a part-time job, list the amount and how often it is received in the last column. Do not include occasional earnings such as babysitting, mowing lawns, etc.

Part 2: 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 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, which each person receives on a regular basis from any source. For self-employment, list *net* income after expenses.

No Income: Check if a person has no income.

Part 3: If your children are approved for meal benefits, this information may be shared with Minnesota health programs. Check the boxes only if you do not wish this information to be shared.

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 must indicate this by checking the box.

Do not leave this section blank.

Free or Reduced-Price School Meals • State and Federally Funded Programs for Schools
APPLICATION FOR EDUCATIONAL BENEFITS/MEALS
 2008-2009 On-line application form

A NEW APPLICATION MUST BE SUBMITTED EACH YEAR Original applications only. No faxed or photocopies accepted. Data Privacy information is found on the other side of this page.	Please return completed form to: Child Nutrition Office, Robbinsdale Area Schools 4148 Winnetka Avenue No., New Hope MN 55427
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Check if you are applying for a **foster child** (a child who is the legal responsibility of a social services agency or court).
 Each foster child must have a separate application. Indicate any funds that are for child's personal use. If none, write in "none."

1. List ALL CHILDREN in the household, from **BIRTH** through **HIGH SCHOOL**. Attach another page if necessary.

Names of All Children in Household or name of one foster child (Use legal names only)	Date of Birth Month/Day/Year	Gender Circle one	Grade PreK to 12	Name of School or If attending Hosterman, please indicate name of program.	Case Number * If applicable MFIP _____ Food Stamps _____ or FDPIR _____ (must check one)	Other If applicable, SSI or other regular income to child. For Foster child , list personal use income or "None"
1		M F				
2		M F				
3		M F				
4		M F				
5		M F				
6		M F				

* Do not list Medical Assistance numbers.

2. List all adults in the household, **all incomes**, and **how often** each income is received. Attach an additional page if necessary.
 Skip this part if all children applying for meal benefits have MFIP, food stamp or FDPIR numbers, or if this is for a foster child.

Names of All Adults in Household	All Incomes					
Include all related and unrelated people sharing housing and/or expenses including college students temporarily at school. First Name Last Name	Write in each income <u>and</u> how often it is received: weekly (W) , bi-weekly (every 2 weeks) (Bi-W) , twice per month (T) , monthly (M) , or yearly (Y) . If reporting an hourly wage, you must also indicate how many hours per week you work.					
	Gross Wages And Salaries (not take home pay) Example: \$1150 per Bi-W	(check <input type="checkbox"/>) Pension _____ SSI _____ Veteran's Social Security _____	Unemployment Worker's Comp Strike Benefits Example: \$200 per week (W)	(check <input type="checkbox"/>) Child Support _____ Alimony _____ Public Assistance _____	Any other income, including net farm or self employment income.	Check (<input type="checkbox"/>) if person has NO income
	per	per	per	per	per	
	per	per	per	per	per	
	per	per	per	per	per	
	per	per	per	per	per	

3. 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 insurance program Do not share my information with the General Assistance Medical Care program.

4. 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 officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws.

_____ or I do not have a Social Security #.

Signature of adult household member (required) **Social Security Number** (required if Section 2 is completed)

_____ () _____ () _____
Printed Name of adult household member **Home Telephone Number** **Work/Cell Telephone Number**

_____ _____ _____ _____ _____
Street Address **Apartment #** **City** **Zip Code** **Date**

FOR OFFICE USE ONLY	
Total Household Size _____ Total Household Income \$ _____	MFIP/Food Stamps/FDPIR _____ Foster _____
Approved Free _____ Approved Reduced-Price _____ Temporary _____ Until _____	
Denied _____ Incomplete Application _____ Income Too High _____ Other: _____	Status Change Date _____
Signature of Determining Official _____	Date _____ Reason: _____

Civil Rights Survey (voluntary)

1. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino **2. Race** (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 Ave SW, Washington D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Requirement to Provide 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 the 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 household members, the signature of an adult household member, and the Social Security number of the household member completing the application. 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 MN 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 MN 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 to provide the correct school meal benefit to your child. At public school districts, each child’s eligibility status is recorded on a statewide computer system used to report student data to the MN Department of Education as required by state law. The MN 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 programs, (2) state health or education programs administered by the school or a state agency, (3) federal, state, or local nutrition programs that have 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. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits. **Check the boxes on the front of this form only if you do NOT want your eligibility information shared for these programs.**

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VERIFICATION STATUS

Date Verification Notice Sent _____ Response Due from Household _____ 2nd 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 _____ Change in Benefits _____ Refused Cooperation _____
Other _____ Date “Notice of Change” Sent: _____
Signature of Verifying Official: _____ Date: _____