

Application for Educational Benefits

School Meal Benefits – School Year 2015-16 – State and Federally Funded Programs

Step 1 List All Children in the Household (infants through grade 12). Attach an additional page if necessary. Race and ethnicity questions are optional and do not affect approval for school meal benefits. For Hispanic/Latino ethnicity, choose yes or no for each child. For race, select all that apply for each child.

Last Name	First Name	Birthdate	School	Foster Child? * If yes, fill in the circle.	Optional Hispanic / Latino Ethnicity? **		Optional Racial Identity ** Fill in one or more circles for each child						
					Yes	No	American Indian	Asian	African American	Pacific Islander	White		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* The child is the legal responsibility of a welfare agency or court. If all children who need meal benefits are foster children, skip Steps 2 and 3.

** The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White.

Step 2 Assistance Program Case Number (if applicable)

If any household member receives benefits from one of the assistance programs listed below: **Check the program and write in the case number. Skip Step 3.**
 Minnesota Family Investment Program (MFIP) Supplemental Nutrition Assistance Program (SNAP) Food Distribution Program on Indian Reservations
 Case Number _____ (Medical Assistance and WIC case numbers do not qualify for this purpose.)

Step 3 List All Adult Household Members and Household Incomes

- If any children in the household have regular income, such as a part-time job or SSI, write in the total regular income for all children. Do not include occasional earnings such as babysitting or lawn mowing. **Total regular income to children:** \$ _____ Weekly Bi-Weekly 2x month Monthly
- **Last 4 digits of the Social Security number (SSN)** of the person signing this application (required): ~~XXXX~~ - ~~XX~~ - _____ OR I don't have an SSN
- **Adult Household Members / Incomes** Write in the name of each adult household member, their gross incomes (before deductions) in whole dollars, and how often income is received. Include a household member who is temporarily away, such as a college student. If income fluctuates, write in the amount normally received (before deductions). For self-employment income only, write in net income after business deductions. For adults with no income to report, enter '0' or leave the section blank. This is your certification (promise) that they have no income to report. Attach an additional page if necessary.

Adults - Full Name Include any college students.	Earnings from Work Gross wages or net self-employment		How often?		Public Assistance, Child Support, Alimony	How often?		All Other Incomes for example pension, retirement, disability, Veterans benefits, unemployment	How often?		
	Weekly	2x Month	Weekly	2x Month		Weekly	2x Month		Monthly		
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 4 If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. Do not share information for this purpose.

Step 5 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws.

Signature of Adult Household Member (required) _____ Print Name: _____ Date: _____
 Address: _____ City: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Is this form required? This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without application (*Community Eligibility Provision, Provision 2 or Provision 3*). However, at public schools, your completion of this form also helps the school qualify for other education funds and discounts even if not needed for school meals.
- (2) You have been notified that your children have been directly certified for school meal benefits based on participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR).

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We may share your information with other 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.

Children who qualify for free or reduced-price school meals may qualify for Minnesota Health Care Programs. Your child's status for school meals *may* be shared with Minnesota Health Care Programs unless you tell us not to share your information by checking the box in Step 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.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (MDE) as required by state law. MDE 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.

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Office Use Only

Total Household Size: _____ Total Income: \$ _____ per _____
Approved (check all that apply): Case Number -- Free _____
 Foster -- Free Income -- Free Income -- Reduced-Price
Denied: Incomplete Income Too High
Signature -- Determining Official: _____ Date: _____
Change Status To: _____ Reason: _____ Withdrawn: _____

Office Use Only

Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____
Result: No Change Free to Reduced-Price Free to Paid
 Reduced-Price to Free Reduced-Price to Paid
Reason for Change: Income Case number not verified
 Foster not verified Refused Cooperation Other: _____
Signature -- Verifying Official: _____ Date: _____
Signature -- Confirming Official: _____ Date: _____