

**RECEIVE SCHOOL MEALS FREE OR AT A REDUCED PRICE AND  
HELP YOUR SCHOOL TO RECEIVE EDUCATION FUNDS AND DISCOUNTS**

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.35; lunch costs \$1.85 at the elementary schools and \$2.05 at the secondary schools.

Your children may qualify for free meals or for reduced price meals. Reduced price is 40¢ for lunch. **“Reduced-price”** breakfasts are served at no charge. To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the **instructions on back of this page.**

Return your completed Application for Educational Benefits to: YOUR CHILDS SCHOOL or MAIL to:

ISD 742 NUTRITIONAL SERVICES DEPT  
1000 44<sup>TH</sup> AVENUE NORTH, SUITE 100  
ST CLOUD MN 56303

**ONLY 1 APPLICATION PER FAMILY NEEDS TO BE FILLED OUT**

**1. Who can get free or reduced price meals?** Children in households participating in Food Stamps, Minnesota Family Investment Plan (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, your children can get free or reduced-price meals if your household income is within the income shown for your household size on the chart on the next page. An Application for Educational Benefits cannot be approved if any required information is missing.

**2. I get WIC. Can my children get free meals?** Children in households participating in WIC *may* be eligible for free or reduced price meals. Please fill out an Application for Educational Benefits.

**3. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Do not fill out an application for children who have already received approval for free or reduced price meals for this school year. Call the school if you have questions.

**4. Will the information I give be checked?** Yes, we may ask you to send written proof.

**5. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your income goes down, household size goes up, or if you start getting Food Stamps, MFIP, or FDPIR benefits.

**6. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing.

**7. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced price meals.

**8. Who should I include as members of my household?** You must include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends). Include a household member who is temporarily away such as a college student.

**9. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**10. How will the information I provide be kept?** Information you provide about your household income or public assistance will be protected as private data. Your child's approval for free or reduced-price meals is also private data. The back page of the Application for Educational Benefits has details about data privacy.

If you have other questions or need help, call Kathy @ (320) 202-6872

Sincerely,  
Connie Jopp – Nutritional Services Supervisor

**We will notify you when your application is approved or denied. Students new to the program are processed first, (these families be sure and check #1 on the form). There is a 30 day carry-over period for students that were on the program at the end of the 2005-06 school year. Please have your application in before Oct. 13, 2006**

**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, 2006 through June 30, 2007.

Total Household Income - Maximum

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	18,130	1,511	756	698	349
2	24,420	2,035	1,018	940	470
3	30,710	2,560	1,280	1,182	591
4	37,000	3,084	1,542	1,424	712
5	43,290	3,608	1,804	1,665	833
6	49,580	4,132	2,066	1,907	954
7	55,870	4,656	2,328	2,149	1,075
8	62,160	5,180	2,590	2,391	1,196
For each additional household member add:	6,290	525	263	242	121

**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, which 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 in the last column. 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.



Free and Reduced-Price School Meals



State and Federally Funded Programs for Schools

# APPLICATION for EDUCATIONAL BENEFITS

School Year 2006-07

Return to School or Mail to:  
ISD 742 Nutritional Services Dept  
1000 44<sup>th</sup> Avenue North, Suite 100  
St Cloud MN 56303

- 1.** Check here if this is the first school meal application at a St. Cloud public school for any child listed below.
- 2.** Check one box:  I have listed below *all children* in the household, from birth through high school, *except* foster children. Attach an additional page if necessary.
- I have listed below a *foster child* in my care (who is the legal responsibility of a social services agency or court). Complete a separate application for each child. Do not combine foster children and other household children on the same application. For a foster child, include in the last column any foster care funds that are specifically for the child's personal use. If no foster care funds have been designated for personal use, write in "none".

Names of All Children In Household except Foster Children <i>Or Name of One Foster Child</i>		Date of Birth	Grade (PreK - 12 <sup>th</sup> )	School	If applicable <u>Case Number</u> (MFIP, Food Stamps, or FDPIR Only)	If applicable SSI or Other Regular Income to Child
First Name	Last Name	Month/Day/Year				
1		___/___/___				\$___/___
2		___/___/___				\$___/___
3		___/___/___				\$___/___
4		___/___/___				\$___/___
5		___/___/___				\$___/___
6		___/___/___				\$___/___

- 3.** List *all adults* in the household, *all incomes*, and *how often* each income is received. Attach an additional page if necessary. Skip this part only if all children applying for school meal benefits in the previous section have MFIP or Food Stamp or FDPIR numbers, or if this application is for a foster child.

Names of All Adults in Household		Incomes					
		Write in each income <i>and</i> how often it is received: <b>weekly, bi-weekly</b> (every 2 weeks), <b>twice per month, monthly</b> , or <b>yearly</b> .					
First Name	Last Name	Gross Wages and Salaries	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including <u>NET</u> Farm/ Self-Employment	Check if NO Income
<i>Example: Jane</i>	<i>Smith</i>	\$ <u>400/bi-weekly</u>	\$ <u>150/monthly</u>	\$ <u>200/monthly</u>	\$___/___	\$___/___	<input type="checkbox"/>
1		\$___/___	\$___/___	\$___/___	\$___/___	\$___/___	<input type="checkbox"/>
2		\$___/___	\$___/___	\$___/___	\$___/___	\$___/___	<input type="checkbox"/>
3		\$___/___	\$___/___	\$___/___	\$___/___	\$___/___	<input type="checkbox"/>

- 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 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 Household Income: \_\_\_\_\_  
 Or Household Receives: MFIP / Food 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**

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

**Office Use Only**

### **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. 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. Your information may be released without household consent to another organization that provides a USDA child nutrition program (National School Lunch Program, School Breakfast Program, Summer Food Service Program, Child and Adult Care Food Program, Special Milk Program) to your child. 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 student'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 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.

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