

## How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2015-16 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR). *or*
- The household includes foster children (a welfare agency or court has legal responsibility for the child). *or*
- The total income of household members is within the guidelines shown below (gross earnings, not take-home pay). Do *not* include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do *not* include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2015 through June 30, 2016.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

**Step 1 - Children** List all children living in the household, their birthdates and, if applicable, grade and school. Fill in the circle if a child is in foster care. Attach an additional page if necessary.

**Step 2 - Case Number** Complete Step 2 if any household member currently participates in any of the three assistance programs listed in Step 2. If Step 2 is completed, skip Step 3.

**Step 3 - Adults / Household Incomes / Last 4 Digits of Social Security Number**

Regular income to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular income to children. Do not include occasional earnings like babysitting or lawn mowing.

Social Security number – The person signing the application must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.

Adults / Incomes – List all adults living in the household, whether related or not (such as grandparents, other relatives, or friends). Include any adult who is temporarily away, such as a student away at college. Attach an additional page if necessary.

- For each person, list their gross incomes before deductions, not take-home pay. Do not list an hourly wage rate.
- For farm or self-employment income only, list net income after subtracting business expenses.
- If an adult has no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report.
- For each income, fill in a circle to show how often the income is received.

**Step 4** - If you do *not* want information to be shared with health care assistance programs, check the box.

**Step 5 - Signature and Contact Information** An adult household member must sign the form.

**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.

Last Name	First Name	Birth Date	Grade	School	Foster Child?*
					○
					○
					○
					○

**Step 2 Assistance Program Case Number** (if applicable). If any household member receives benefits from one of the assistance programs listed below: **Write in the case number and check the program. Skip Step 3.**

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

Minnesota Family Investment Program (MFIP)  
 Supplemental Nutrition Assistance Program (SNAP)  
 Food Distribution Program on Indian Reservations  
 - Medical Assistance and WIC case numbers do *not* qualify -

\* 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.

- Step 3 List All Adult Household Members and Household Incomes** Include all household members not listed in Step 1, related or not, including yourself.
- 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-XXXX 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 the 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			Public Assistance, Child Support, Alimony			How often?			How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$	0	0	0	0	\$	0	0	0	\$	0	0	0
	\$	0	0	0	0	\$	0	0	0	\$	0	0	0
	\$	0	0	0	0	\$	0	0	0	\$	0	0	0

**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 officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable federal and state laws.**

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

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: \_\_\_\_\_

**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**

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