



TO: Sponsors of School Nutrition Programs

FROM: Food and Nutrition Service

DATE: June 8, 2011

SUBJECT: 2011-12 Household Income Guidelines and Application for Educational Benefits

This information applies to all Local Educational Agencies (LEA) that participate in School Nutrition Programs, *except* the following types of LEAs that will *not* collect Applications for Educational Benefits during school year 2011-12:

- (1) Residential child care institutions that have an approved resident income policy instead of collecting meal applications, and have no day-only students.
- (2) Nonpublic schools that claim reimbursement for all meal services at all sites using Provision 2 or 3 procedures and are not conducting a Provision 2 or 3 base year for any site.

Changes for School Year 2011-12

The following changes to school meal approval procedures have been implemented as required by the Healthy, Hunger-Free Kids Act of 2010:

- **Categorical Eligibility for foster children:** Children identified by the household as foster children (a welfare agency or court has legal responsibility for the child) are now categorically eligible for free school meals. The Application for Educational Benefits no longer has a separate section for foster children and no longer requires the household to report the amount of “personal use income” to the foster child. The household only needs to identify each foster child by checking a box.

Individual applications are no longer needed for foster children; all children in a household, including foster children, should be included on one application. If there are both foster children and other children in the same household, the eligibility of the children who are not foster children depends on the family size/income of the whole household including the foster children. For more information about approving “Household Size/Income + Foster” applications, refer to the attached *SNP Procedure of Approval/Denial – Applications for Educational Benefits*.

- **Certification of foster children:** MDE is working with the Minnesota Department of Human Services to establish a pilot program for certification of foster children to schools for school meal benefits, without households needing to submit an Application for Educational Benefits for the foster children. Beginning in July 2011, county foster care workers will send a completed *Certification of Foster Care Status for School Lunch or Food Program* form to a foster child’s school at the time that the child is placed in foster care. The form identifies the foster child and provides official certification from the county that the child is in foster care.

This project will be evaluated during school year 2011-12 to determine the extent to which foster care certification has certified additional children for meal benefits.

- **Last four digits of Social Security Number:** Section 6 of the Application for Educational Benefits has been revised to require only the last four digits of the signer's Social Security number (SSN). If section 4 of the application has been completed (household income information), the signer must either provide the last four digits of their SSN or check the box to indicate that they do not have an SSN.

Distribution of Application Packets for School Year 2011-12

An LEA must inform all households about school meal benefits by the beginning of each school year. Application materials for school year 2011-12 should be distributed within the four weeks prior to the first day of school. Application packets may *not* be distributed before July 1, 2011, the date that the income guidelines are effective; the only exception is that year-round schools operating in July may distribute applications in June.

Households *may not be required to complete* Applications for Educational Benefits. LEAs may consider taking additional steps to facilitate the return of applications from households, such as providing return envelopes in a mailing.

The attached materials must be sent to households to notify them about school meal benefits:

- **Household letter** about school meal benefits (one page - reproduce on school letterhead and insert meal prices and other information)
- **Instructions** for completing the *Application for Educational Benefits* form (one page – may be copied on the reverse side of the household letter)
- **Application for Educational Benefits** form (the back page with information about data privacy and civil rights must be included)

Carryover of Meal Benefits from Previous Year: School meal benefits that were approved in school year 2010-11 (from either application or direct certification) must be carried over into the beginning of school year 2011-12. Meal benefits must be carried over for the first 30 operating school days of school year 2011-12, or up to the date that a student is approved for school year 2011-12 meal benefits (from application or direct certification), whichever date comes first.

Annual Requirement to Notify about State Health Programs: Public school districts and charter schools may use their mailing about school meal benefits to also notify households about state of Minnesota health care programs as required by subdivision 6 of Minnesota Statutes section 256.962. [View Statute.](#)

The memorandum and flyer for *Minnesota Health Care Programs Notification* are available in English and Spanish. [View documents on “Minnesota Health Care Programs” on the Minnesota Department of Education \(MDE\) website.](#)

Application Approval

School meal benefits are approved for the whole school year unless an LEA approves an application only on a temporary basis. Once approved for the year, meal benefits are terminated or changed only when required due to verification or administrative review, or terminated at the request of a household. Households are *not* required to notify their LEA of any change in household circumstances during the year.

References for reviewing and approving *Applications for Educational Benefits*:

- Attached *Procedure for Approval/Denial – Applications for Educational Benefits*.
- *Eligibility Guidance for School Meals manual*. [View manual on USDA website](#).

Conversion of Incomes to Annual Income: When an application has incomes that are paid at different frequencies, the LEA must convert each income to an annual income and then add the annual incomes together. **To convert to annual income: multiply a weekly income by 52, a bi-weekly income (every other week) by 26, a twice-per-month income by 24 or a monthly income by 12.**

Example: A household reports incomes of \$500 received every two weeks and \$1,000 received monthly. Since the incomes are paid at different frequencies, they must be converted to annual incomes in order to add them together: \$500 bi-weekly income x 26 = \$13,000 annual income, and \$1000 monthly income x 12 = \$12,000 annual income. The two annual incomes are then added together for a *total annual household income* of \$25,000.

Categorical Eligibility: If a household reports a case number that appears valid, all of the students in the household are approved for free meals based on categorical eligibility.

A case number may be provided from any of these three programs:

- Minnesota Family Investment Program (MFIP).
- Food Support (This is the program that used to be called “Food Stamps.” At the national level it is referred to as the Special Nutrition Assistance Program or SNAP).
- Food Distribution Program on Indian Reservations (FDPIR).

Households receiving Medical Assistance benefits only are *not* categorically eligible – they must complete an application based on household income.

Directly Certified Students (Public Schools): Applications should *not* be sent to households with students who have been directly certified for free school meals based on public assistance data sent to the LEA from MDE. Direct certification is based on a household’s receipt of Minnesota Family Investment Program (MFIP) or Food Support (previously Food Stamp) benefits. If one child in a household has been directly certified, then all children in the household are considered directly certified for free school meals.

Application for Student from Residential Child Care Institution: When a student living in a residential child care institution (RCCI), for example a group home, attends an LEA, the RCCI

director should complete the meal application for the student and indicate that the application is for a student in residential care. The completed application must identify the child and list any regular income to the student in Section 2, and the RCCI director must sign in Section 6 (Social Security number not needed).

Consent to Release Data for Health Insurance Purposes

The state of Minnesota continues its efforts to notify eligible families about the availability of state-administered children's health insurance programs such as MinnesotaCare. Section 5 of the Application for Educational Benefits records whether households that are approved for meal benefits have declined to share their eligibility information with health insurance programs. The section uses a "negative check-off" format which allows the household's school meals eligibility information to be shared with the health insurance programs unless the household has checked one or both boxes to indicate that information may not be shared. Public schools annually report the data in MARSS on whether students' information may be shared for this purpose.

Civil Rights Survey

LEAs must maintain documentation of the race and ethnicity of all students for federal civil rights purposes. When the Civil Rights Survey section is not completed by the household, the school must identify the race and ethnicity for the household.

Nondiscrimination Statement

The nondiscrimination statement and procedure for filing a complaint on the back page of the *Application for Educational Benefits* has been updated with the most recent version available from USDA.

Translations

Translations of a 2011-12 application form, based on the USDA prototype meal forms in Spanish, Hmong, and Somali, will be posted to the MDE website by July 2011. A listserv message will be sent when the translated forms have been posted.

USDA also provides translations of the generic school meal application in 22 other languages. [View list of translated application packets](#) To use a USDA translation, first select the link for the desired language and then select the following parts of the translated document:

- Household letter (2 pages)
- Instructions for Applying (2 pages)
- Application (3 pages) The current household income guidelines must be copied onto the last page of the application.
- Sharing Information with Medicaid/SCHIP (1 page)

The English language version of the USDA documents is also available from the link provided above.

Notification of Approval or Denial of Benefits

The template letter for notifying households of approval or denial of school meal benefits is attached.

MARSS Economic Indicator (Public Schools)

The “economic indicator” reported annually by public schools on student MARSS records is based on student eligibility for school meal benefits. The economic indicator must be based only on school meal benefits that have been approved for the new school year, that is, applications and direct certifications that have been received for school year 2011-12. The Economic Indicator for school year 2011-12 may *not* be based on eligibility for meal benefits that has been carried over from the previous school year for the first 30 operating days of school year 2011-12.

Verification of Information Provided on Applications

Each fall an LEA must verify a percentage (usually three percent) of approved Applications for Educational Benefits. In addition, any application may be verified “for cause.” The memorandum on verification requirements for school year 2011-12 will be issued in August 2011.

Attachments

For internal use by LEA:

- *2011-12 Household Income Guidelines* for free and reduced-price meals
- *Procedure for Approval/Denial - Applications for Educational Benefits*

For distribution to households:

- *Household letter* (one page)
- *Instructions* for completing Application for Educational Benefits (one page - may be copied on the back of household letter)
- *Application for Educational Benefits* (2 pages)

For distribution to households after application has been reviewed:

- *Notice of approval/denial*

If you have any questions about this information, contact Food and Nutrition Service at 651-582-8526, 1-800-366-8922 or e-mail fns@state.mn.us.

School Nutrition Programs Household Income Guidelines for School Year 2011-12 Effective July 1, 2011 through June 30, 2012				
HOUSEHOLD SIZE	FREQUENCY OF INCOME	FREE MEALS \$	REDUCED-PRICE MEALS \$	PAID MEALS \$
1	Weekly	0 – 273	274 – 388	389
	Bi-Weekly	0 – 545	546 – 775	776
	2 X Month	0 – 590	591 – 840	841
	Monthly	0 – 1,180	1,181 – 1,679	1,680
	Yearly	0 – 14,157	14,158 – 20,147	20,148
2	Weekly	0 – 368	369 – 524	525
	Bi-Weekly	0 – 736	737 – 1,047	1,048
	2 X Month	0 – 797	798 – 1,134	1,135
	Monthly	0 – 1,594	1,595 – 2,268	2,269
	Yearly	0 – 19,123	19,124 – 27,214	27,215
3	Weekly	0 – 464	465 – 660	661
	Bi-Weekly	0 – 927	928 – 1,319	1,320
	2 X Month	0 – 1,004	1,005 – 1,429	1,430
	Monthly	0 – 2,008	2,009 – 2,857	2,858
	Yearly	0 – 24,089	24,090 – 34,281	34,282
4	Weekly	0 – 559	560 – 796	797
	Bi-Weekly	0 – 1,118	1,119 – 1,591	1,592
	2 X Month	0 – 1,211	1,212 – 1,723	1,724
	Monthly	0 – 2,422	2,423 – 3,446	3,447
	Yearly	0 – 29,055	29,056 – 41,348	41,349
5	Weekly	0 – 655	656 – 932	933
	Bi-Weekly	0 – 1,309	1,310 – 1,863	1,864
	2 X Month	0 – 1,418	1,419 – 2,018	2,019
	Monthly	0 – 2,836	2,837 – 4,035	4,036
	Yearly	0 – 34,021	34,022 – 48,415	48,416
6	Weekly	0 – 750	751 – 1,067	1,068
	Bi-Weekly	0 – 1,500	1,501 – 2,134	2,135
	2 X Month	0 – 1,625	1,626 – 2,312	2,313
	Monthly	0 – 3,249	3,250 – 4,624	4,625
	Yearly	0 – 38,987	38,988 – 55,482	55,483
7	Weekly	0 – 846	847 – 1,203	1,204
	Bi-Weekly	0 – 1,691	1,692 – 2,406	2,407
	2 X Month	0 – 1,832	1,833 – 2,607	2,608
	Monthly	0 – 3,663	3,664 – 5,213	5,214
	Yearly	0 – 43,953	43,954 – 62,549	62,550
8*	Weekly	0 – 941	942 – 1,339	1,340
	Bi-Weekly	0 – 1,882	1,883 – 2,678	2,679
	2 X Month	0 – 2,039	2,0040 – 2,901	2,902
	Monthly	0 – 4,077	4,078 – 5,802	5,803
	Yearly	0 – 48,919	48,920 – 69,616	69,617

*Additional household members. For *free meals* add for each additional household member: \$96 weekly, \$191 bi-weekly, \$207 2 X month, \$414 monthly, or \$4,966 yearly. For *reduced-price meals* add for each additional household member: \$136 weekly, \$272 bi-weekly, \$295 2 X month, \$589 monthly, or \$7,067 yearly.

School Nutrition Programs
Procedure for Approval/Denial – Applications for Educational Benefits

These are the main steps for a school food authority to review and approve or deny Applications for Educational Benefits.

Step ① Determine the type of application

The minimum information required on an application depends on the type of application. There are four types of applications, depending on which sections of the application have been completed by the household:

- a. **Case Number application** Case number provided in Section 3. (If case number is provided, disregard any household size/income information provided in Section 4.)
- b. **Foster Children Only application** All household children who need to be approved for meal benefits are foster children.
- c. **Household Size/Income Only application** Household size/income provided in Section 4, no foster children in Section 2, and no case number in Section 3.
- d. **Combination – Household Size/Income + Foster application** (Some, but not all, of the children in Section 2 are foster children; household size/income information is provided in Section 4.)

Step ② Check for complete application and review information

Based on the type of application determined in step 1, review the application to determine whether it is complete and whether the students can be approved for meal benefits.

Note: Sections 1 and 5 on the application do not have to be completed, regardless of the type of application.

a. Case Number application

All household children are categorically eligible for free meals if a case number is provided from the Minnesota Family Investment Program (MFIP), Food Support (SNAP) or Food Distribution on Indian Reservations (FDPIR). A case number application is complete if the household has provided:

Section 2 – Children’s names

Section 3 – Case number

- MFIP and Food Support (SNAP) case numbers are four to eight digits (usually seven or eight digits) with no letters.
- FDPIR uses Social Security number for case number.
- A Medical Assistance case number does *not* qualify.
- Disregard any income information provided in section 4 of the application.

Section 6 – Signature of an adult household member (Social Security number not needed).

If any required information is missing, return the application to the household with a notification of denial letter that explains what information is missing. In the approval section at the bottom of the application, check the box that the application was incomplete and sign and date.

If the application is complete, approve the students for free meals. In the approval box at the bottom of the application, check the box indicating that there is a case number, and sign and date the application. Proceed to step 3.

b. Foster Children Only application

Foster children are categorically eligible for free school meals. An application for one or more foster children only (see section d below if there are any other enrolled students in the household in addition to the foster children) is complete if the household has provided:

Section 2 – Children’s names and boxes are checked to indicate they are foster children.

Section 6 – Signature of an adult household member (Social Security number not needed).

If any required information is missing, return the application to the household with a notification of denial letter that explains what information is missing. In the approval section at the bottom of the application, check the box that the application was incomplete and sign and date.

If the application is complete, approve the students for free meals. In the approval box at the bottom of the application, check the box for foster children and sign and date the application. Proceed to step 3.

c. Household Size/Income Only application

If the application is completed with household size/income information only (no case number and no foster children), the application is complete if the household has provided:

Section 2 – Children’s names.

Section 4 – Household size/income for each adult (or indication of “no income”).

Section 6 – Signature of an adult household member and the last four digits of their Social Security number (SSN) or an indication that the signer does not have an SSN.

If any required information is missing, return the application to the household with a notification of denial letter that explains what information is missing.

If the application is complete:

- Determine total household members (number of people listed in sections 2 and 4) and record in the approval section.
- Determine the total income* for the household from section 4 (also include any regular incomes to children reported in section 2) and record the total income in the approval section. Compare the household income to the maximum income for a household of that size in the USDA household income eligibility guidelines. Approve for free meals, or reduced-price meals, or deny meal benefits.
- In the approval box at the bottom of the application, indicate the status (approved for free or reduced-price, or denied), and sign and date.
- Proceed to step 3.

* If all household incomes are reported at the same frequency (all incomes are weekly, or all incomes are monthly, etc.), then add all income amounts together for total household income. 3

If household incomes are reported at different frequencies, convert all income amounts to the same frequency and then add all income amounts together for total household income. To convert incomes to an annual income, multiply a weekly income by 52, a bi-weekly income by 26, a twice-per-month income by 24, or a monthly income by 12.

d. Combination – Household Size/Income + Foster Children application

If the household has a combination of some foster children and some other children (who may be approved based on total household size/income), the eligibility of the two groups of children must be determined separately. The foster children are categorically eligible for free school meals and the eligibility of the other children depends on the total household size/income.

Note that when there are foster children and other children on the same application, there may be different eligibility results for each group. For example, foster children might be approved for free meals, but other children in the household approved for reduced-price meals or denied meal benefits.

Foster Children

Children who are indicated in section 2 of the application to be foster children are categorically eligible for free meals. Approve these children for free meals, or return the application to the household if any information is missing, and document the status of foster children in the approval section of the application, as described above in “Foster Children Only application.”

Other Children

Other children in the same household, who are not indicated to be foster children, are eligible for free or reduced-price meals if they qualify based on the total household size (*including the foster children*) and total household income (*not* including foster care payments). Approve or deny these children for free or reduced-price meals, or return the application if information is missing, and document the status of the other children in the approval section of the application, as described in the section above on “Household Size/Income Only application.”

Step ③ Notify household

Send a notice of approval or denial to household. In situations where there is more than one eligibility result for a household (foster children approved for free meals and other children approved for reduced-price meals or denied), multiple notification letters may be sent to the household.

**Summary – Information Required for a Complete
Application for Educational Benefits**

Sections of Application for Educational Benefits		Required Information for		
		Categorical Eligibility based on <i>Case Number</i> ¹	Categorical Eligibility for <i>Foster Child</i> ²	Approval based on <i>Family Size/Income</i> ²
1	Check box (not required to be completed)			
2	Names of children	✓	✓	✓
	Box checked to indicate foster status		✓	
	Regular earnings of children, if any			✓
3	Case number	✓		
4	Names and incomes of adults			✓
5	Check boxes (not required to be completed)			
6	Signature of adult household member	✓	✓	✓
	Last four digits of signer's Social Security number, or indication of no SSN			✓

¹ If a case number is provided, *all children in the household* are approved for free meals based on the case number and the signature of an adult household member. Any income information provided by the household is not considered. The case number must be from the Minnesota Family Investment Program (MFIP), Food Support (SNAP), or Food Distribution on Indian Reservations (FDPIR). MFIP and Food Support case numbers are four to eight (usually seven or eight) digits with no letters. FDPIR uses the Social Security number for case number. A Medical Assistance case number does *not* qualify.

² If an application has some children whose approval is based on family size/income, and others who are foster children, approval is separate for the foster children and the other children. For example, an application could be approved for a foster child, but be missing family size/income information that is needed to approve meal benefits for the other children in the household.

[Print on School District Letterhead]

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$; lunch costs \$.

Your children may qualify for free or reduced-price meals. Reduced price is [\$] 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. A new application must be submitted each year. Your application also helps our school qualify for additional education funds and discounts.

Return your completed Application for Educational Benefits to:

Who can get free or reduced-price meals? Children in households participating in Food Support (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and foster children can get free school meals without reporting household income. Also, children can get free or reduced-price meals if their household income is within the maximum income shown for the household size. An application must be submitted each school year.

Can foster children get free meals? Yes, foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income.

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.

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.

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 Support (SNAP), MFIP, or FDPIR benefits.

Who should I include as members of my household? 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. Do not include a person who is economically independent and pays their full pro-rated share of all expenses.

What if my income is not always the same? List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

Are military housing and supplemental allowances counted as income? Do not include any housing allowance from the Military Housing Privatization Initiative or a Family Subsistence Supplemental Allowance. Include the portion of a deployed service member’s income that is made available to the household, except do not include combat pay or Deployment Extension Incentive Pay.

How will the information I provide be kept? Information you provide on the form, and your child’s approval for school meal benefits, will be protected as private data. See the back page of the Application for Educational Benefits for more information.

Will the information I give be checked? Yes and we may also ask you to send written proof.

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.

Do I need to notify school officials if my income increases or my household size decreases after I have qualified for free or reduced-price meals? No. Approval for free or reduced-price meals is good for the school year unless the household has received a temporary approval for school meal benefits.

If you have other questions or need help, call [phone number].

Sincerely, [signature]

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 Last Name First Name	Date of Birth Month/Day/Year	Grade	School	✓ if foster child *	Any Regular Income to Child (for example SSI)
	__/__/__			<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. First Name Last Name	Check if NO Income ✓	Household Incomes: Write in each gross income and how often it is received: weekly (W) , bi-weekly (every other week) (BW) , twice per month (TM) , monthly (M) . Do <i>not</i> write in hourly pay. If income fluctuates, write in the amount normally received. Attach additional page if necessary.				
		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
	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	<input type="checkbox"/>	\$ _____ 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 _____ Approved (check all that apply): <input type="checkbox"/> Case Number - Free <input type="checkbox"/> Foster - Free <input type="checkbox"/> Income – Free <input type="checkbox"/> Income – Reduced Price <input type="checkbox"/> Temporary until _____ Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Income Too High <input type="checkbox"/> Other: Signature - Determining Official: _____ Date: _____ Change Status To: _____ Reason: _____ Withdrawn: _____	Office Use Only
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Signature – Confirming Official: _____ Date: _____ Date Verification Sent: _____ Response Due: _____ 2 nd Notice: _____ Result: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced-Price <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced-Price to Free <input type="checkbox"/> Reduced-Price to Paid Reason for Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused Cooperation <input type="checkbox"/> Other: Signature – Verifying Official: _____ Date: _____	Office Use Only
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Privacy Act Statement / How Information Is Used

The National School Lunch Act requires that the household member signing the application must provide the last four digits of their Social Security Number unless an active Minnesota Family Investment Program (MFIP), Food Support (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) assistance number is supplied for your child, or you are applying for a foster child, or you 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.

We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility 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.

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

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 share your information by checking the boxes in section 5 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

Nondiscrimination Statement

This explains what to do if you believe you have been treated unfairly:

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Children's Ethnic and Racial Identities (Optional)

Please provide the following information, which is used to determine the institution's compliance with civil rights laws. If the information is left blank, a representative of the institution is required to identify the ethnic and racial categories of participants for civil rights reporting.

1. Choose one ethnicity:

- Hispanic/Latino Not Hispanic/Latino

2. Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaskan Native Black or African American
 Native Hawaiian or other Pacific Islander White

[Print on School District Letterhead]

Notice of Approval or Denial
For Free or Reduced-Price School Meals
School Year 2011-12

Dear Parent or Guardian:

Date: _____

Your application for free or reduced-price meals for your child or children is:

- Approved effective _____ (date) _____ for
 Free Breakfast Free Lunch
 Reduced-Price Lunch. Your cost is _____ per lunch.
 Temporarily approved for (free or reduced-price) meals until (date) _____.

Your child or children may have received school meal benefits this year prior to the effective date shown above if they were approved for meal benefits last school year.

- Denied because:
 Your total household income is over the allowable amount.
 Your application was incomplete. Please complete and return the enclosed application. The following information is missing:
 Names of all household members.
 Sources of income for each household member.
 Signature of an adult household member.
 The last four digits of the Social Security number of the person signing the application, or an indication that the person has no Social Security number.
 Other: _____

You may reapply for benefits at any time during the school year. You should reapply to find out whether you are eligible for school meal benefits if you become unemployed or otherwise have a decrease in household income or have an increase in the size of your household.

If you do not agree with this denial, you may discuss it with a school official. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing: [List contact information for hearing official]

Sincerely, [District Official]

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal law and U.S. Department of Agriculture policy, this school 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 Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136. USDA is an equal opportunity provider and employer.