

UNDERWOOD PUBLIC SCHOOL

Our school provides healthy meals each day. **Breakfast costs are K-12 \$1.35; 2nd breakfast is .40; lunch costs are K-6 \$1.70 and 7-12 \$1.95; all 2nd lunch is .70. Milk is .40 per carton.** Your children may qualify for free meals or for reduced price meals. **Reduced price is .40 for lunch K-12. "Reduced -price" breakfast are served at no charge.** To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the enclosed instructions. This also helps our school qualify for additional education funds and discounts.

RETURN YOUR COMPLETED APPLICATION FOR BENEFITS TO UNDERWOOD SCHOOL:

1. **Who can get free or reduced price meals?** Children in households participating in Food Support (Stamps) Minnesota Family Investment Plan (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals without reporting household 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 were "directly certified" for free meals?** Do not fill out an application if all of your children have been directly certified for free school meals based on data from the Minnesota Department of Human Services. If only some of your children were directly certified, you can fill out an application for your children who were not directly certified.
 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 Support (Stamps), MFIP, or FDPIR benefits.
 6. **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.
 7. **Do I need to provide my Social Security number?** When household income is reported on an application, the National School Lunch Act allows meal benefits to be approved only if the person signing the application provides his/her Social Security number or does not have a Social Security number. A Social Security number is not needed when public assistance case numbers are provided, or when the application is for a foster child. (Social Security numbers are maintained by the school as private data and are not used for any other purpose).
 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 would normally get. 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 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 details on data privacy.
 11. **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.
 12. **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.
- If you have any questions or need help with this form; call Debbie at (218) 826-6101.

Sincerely,

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.

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 | <input type="checkbox"/> if foster child * | Any Regular Income to Child (for example SSI) | |
|--|---------------------------------|-------|--------|--|--|-----------|
| | | | | | per | per |
| | ___/___/___ | | | <input type="checkbox"/> | \$ _____ | per _____ |
| | ___/___/___ | | | <input type="checkbox"/> | \$ _____ | per _____ |
| | ___/___/___ | | | <input type="checkbox"/> | \$ _____ | per _____ |
| | ___/___/___ | | | <input type="checkbox"/> | \$ _____ | per _____ |
| | ___/___/___ | | | <input type="checkbox"/> | \$ _____ | per _____ |

*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.

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.

Minnesota Family Investment Program (MFIIP)
 Food Support (SNAP)
 Food Distribution Program on Indian Reservations

Name _____ Case Number _____

- Medical Assistance number does not qualify -

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 | Last Name | Check if NO Income <input checked="" type="checkbox"/> | 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 not 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 |
| | | | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ |
| | | | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ 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 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) _____ 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): Case Number - Free Foster - Free
 Income – Free Income – Reduced Price Temporary until _____
 Denied: Incomplete Income Too High Other: _____ Date: _____
 Signature - Determining Official: _____ Reason: _____ Withdrawn: _____
 Change Status To: _____

Signature – Confirming Official: _____ Date: _____
 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 Household Size Refused Cooperation
 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