Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs elementary $1.80 and secondary $1.95; lunch costs elementary $2.50 and secondary $2.60.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts. State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfasts at no charge. Return your completed Application for Educational Benefits as soon as possible to the school in the envelope provided.

Who can get free school meals? Children in households participating in the Supplemental Nutriton Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Other children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance may be eligible for free school meals. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

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 school meals.

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 overtime only sometimes. For seasonal work, write in the total annual income.

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

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

If I don’t qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children’s racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call Gina Burrell at (218) 742-3903

Sincerely,

Dr. Noel Schmidt, Superintendent
How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2018-19 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more 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 before deductions, 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, 2018 through June 30, 2019.

<table>
<thead>
<tr>
<th>Household size</th>
<th>$ Per Year</th>
<th>$ Per Month</th>
<th>$ Twice Per Month</th>
<th>$ Per 2 Weeks</th>
<th>$ Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22,459</td>
<td>1,872</td>
<td>936</td>
<td>864</td>
<td>432</td>
</tr>
<tr>
<td>2</td>
<td>30,451</td>
<td>2,538</td>
<td>1,269</td>
<td>1,172</td>
<td>586</td>
</tr>
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<td>3</td>
<td>38,443</td>
<td>3,204</td>
<td>1,602</td>
<td>1,479</td>
<td>740</td>
</tr>
<tr>
<td>4</td>
<td>46,435</td>
<td>3,870</td>
<td>1,935</td>
<td>1,786</td>
<td>893</td>
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<tr>
<td>5</td>
<td>54,427</td>
<td>4,536</td>
<td>2,268</td>
<td>2,094</td>
<td>1,047</td>
</tr>
<tr>
<td>6</td>
<td>62,419</td>
<td>5,202</td>
<td>2,601</td>
<td>2,401</td>
<td>1,201</td>
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<tr>
<td>7</td>
<td>70,411</td>
<td>5,868</td>
<td>2,934</td>
<td>2,709</td>
<td>1,355</td>
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<tr>
<td>8</td>
<td>78,403</td>
<td>6,534</td>
<td>3,267</td>
<td>3,166</td>
<td>1,508</td>
</tr>
<tr>
<td>Add for each additional person</td>
<td>7,992</td>
<td>666</td>
<td>333</td>
<td>308</td>
<td>154</td>
</tr>
</tbody>
</table>

Step 1: Children

List all infants and children in the household, their birthdate and, if applicable, their grade and school. Attach an additional page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number

If any household member currently participates in the Special Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), write in your case number, check which program you participate in, and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3. WIC and Medical Assistance (M.A.) programs do not qualify for this purpose.

Step 3: Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with 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 these adults. For seasonal work, write in the total annual income.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of Social Security number – An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

Step 4: Signature and Contact Information

An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the “Don’t share” box in Step.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to make sure we are meeting civil rights requirements and fully serving our community.
**2018-19 Application for Educational Benefits**

**Section A: Family Information**

- **Name of Adult Household Members (Include Your Child):** ___________
- **Child's First Name:** ___________
- **Child's Last Name:** ___________

**Section B: Financial Information**

- **Household Income:** ___________
- **Net Income from Work:** ___________
- **Net Income from Self-Employment:** ___________
- **Net Income from Other Sources:** ___________
- **Net Income from Other Sources:** ___________

**Section C: Income Source Breakdown**

- **Monthly:** ___________
- **Bi-Weekly:** ___________
- **Weekly:** ___________
- **Net Income from Support:** ___________
- **All Other Income Source:** ___________

**Section D: Education Information**

- **Elementary Grade:** ___________
- **Birthdate:** ___________
- **Place of Residence:** ___________

**Section E: School Information**

- **School District:** ___________
- **School Name:** ___________

**Section F: Certification**

- **Signature of adult:** ___________
- **Date:** ___________

**Section G: Certification of Eligibility**

- **Parent Certification:** ___________
- **Child Certification:** ___________

**Section H: Certification of Residence**

- **Residence Statement:** ___________

**Section I: Certification of Employment**

- **Employment Certification:** ___________

**Section J: Certification of Support**

- **Support Certification:** ___________

**Section K: Certification of Income Source**

- **Income Source Certification:** ___________

**Section L: Certification of Education**

- **Education Certification:** ___________

**Section M: Certification of Eligibility for Additional Benefits**

- **Additional Benefits Certification:** ___________
This institution is an Equal Opportunity Provider.

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**Income**

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Self-Employment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Self-Employment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Franchise</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Investments</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Rent</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Royalties</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Sale or Lease of Real Estate</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Sale or Lease of Personal Property</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Sale of Stocks, Bonds, or Other Investments</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Sale of Intellectual Property</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Sale of其它 Income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Income from Other Sources</strong></td>
<td></td>
</tr>
</tbody>
</table>

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**Determine Office, Signature**

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**Date**

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**Continued Office, Signature**