

On March 17, 2023, Governor Walz signed the MN Free School Meals bill into law. The MN Free School Meals Program is a permanent program that provides state reimbursement to schools that participate in the National School Lunch Program and the School Breakfast Program so that students can have one breakfast and one lunch at no cost at school. The Free School Meals Program began on July 1, 2023.

What is the Minnesota Free School Meals Program? The Minnesota Free School Meals Program provides state reimbursement to schools that participate in the National School Lunch Program and School Breakfast Program so that students can have one breakfast and one lunch at no cost at school.

Can the meals be picked up or brought home like we did during the pandemic? No.

Congregate meal service is required in the National School Lunch Program and the School Breakfast Program. Meals may not be taken off campus, sent home, delivered, or picked up by parents or others.

Do I still need to complete the Application for Educational Benefits? It is important for families to complete the Application for Educational Benefits. Applications for Educational Benefits determine how much funding your child's school receives for educational programs and supports.

Additionally, eligible families can qualify for other benefits, such as: • WIC Benefits • Metro Transits' Transit Assistance Program • FCC Affordable Connectivity Program/Reduced price internet programs • Some summer camps • summer EBT • athletics programs and/or child cares offer scholarships or discounts.

What is included in the MN Free School Meals Program?

In schools with Offer versus Serve (high schools and many elementary schools): • At breakfast, the student must choose at least 3 items to be counted as a reimbursable meal. The student must choose a ½ cup serving of fruit or vegetable as part of their breakfast. • At lunch, the student must choose at least 3 components to be counted as a reimbursable meal. The student must choose a ½ cup serving of fruit or vegetable as part of their lunch.

What is NOT included in the MN Free School Meals Program?

Single item purchases and non-reimbursable meals are not free. Some examples include: • carton of milk • snack items • second entrée • A second breakfast or a second lunch • Meals that do not meet the minimum requirements • Meals served to teachers, staff, and other adults

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Please Return your completed Application for Educational Benefits to: Sue Motzko WDC School District Food Service Director. 600 Colfax Ave SW Wadena MN 56482.

Who should complete this application? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children qualify without reporting household income. Alternatively, children can qualify if their household

income is within the maximum income shown for their household size on the instructions.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children qualify? Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. 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 you to complete an application.

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 income information or case number I give be checked? It may be. 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, 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.

If you have other questions or need help, call 218-632-2396.

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2024–25 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 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, 2024 through June 30, 2025.

Maximum Total Income

| Household size | \$ Per Year | \$ Per Month | \$ Twice Per Month | \$ Per 2 Weeks | \$ Per Week |
|--------------------------------|-------------|--------------|--------------------|----------------|-------------|
| 1 | 27,861 | 2,322 | 1,161 | 1,072 | 536 |
| 2 | 37,814 | 3,152 | 1,576 | 1,455 | 728 |
| 3 | 47,767 | 3,981 | 1,991 | 1,838 | 919 |
| 4 | 57,720 | 4,810 | 2,405 | 2,220 | 1,110 |
| 5 | 67,673 | 5,640 | 2,820 | 2,603 | 1,302 |
| 6 | 77,626 | 6,469 | 3,235 | 2,986 | 1,493 |
| 7 | 87,579 | 7,299 | 3,650 | 3,369 | 1,685 |
| 8 | 97,532 | 8,128 | 4,064 | 3,752 | 1,876 |
| Add for each additional person | 9,953 | 830 | 415 | 383 | 192 |

Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box 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 SNAP, MFIP or FDPIR, write in the case number 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.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Social Security Number/Total Household Members.** 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. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** 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, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income earned in this section.
 - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
 - **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
 - 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. For seasonal work, write in the total annual income.
 - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
 - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

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 4.

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 ensure we are meeting civil rights requirements and fully serving our community.



2024-25 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: Sue Motzko Food Service Director WDC School District 600 Colfax Ave SW Wadena MN 56482**
STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).
Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

| Child's First Name (list all children in household) | MI | Child's Last Name | School | Grade | Birthdate | Foster Child (V) |
|---|----|-------------------|--------|-------|-----------|--------------------------|
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDIPIR? Medical assistance **does not** qualify, **if NO > Go to STEP 3.**
 if **YES** > Enter SNAP, MFIP or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3)
STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. **Last Four Digits of Social Security Number (SSN) of Adult Household Member:** XXX-XX-____ Or Check if Adult has No SSN: **Total Number of All Household Members (Children + Adults)**

B. **Child Income.**
 Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

C. **All Adult Household Members (including yourself).** For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

| Names of All Adult Household Members (First and Last) | Gross Earnings from Working at Jobs | | | | Are you Self-Employed or a Farmer? | | | | Any Other Gross Income | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | Weekly | Bi-Weekly | 2x Month | Monthly | Report income before deductions or taxes in whole dollars (no cents). | Yearly | Net income from Farm or Self-Employment. Do not duplicate elsewhere. | Weekly | 2x Month | Bi-Weekly | Monthly | SSI, Unemployment, Public Assistance, Child Support, and others on Page 2 |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form _____ Daytime Phone _____

Address (if available) _____ Apt# _____ City _____ Zip _____

SIGN HERE: Signature of Household Adult _____ Date _____

| | | | | | | | | | | | |
|---|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Do Not Fill Out: For School Office Use Conversions to Annualize All Income: | X1 | X2 | X4 | X6 | X52 | Household Size: | Annual | Monthly | 2X | Bi-Weekly | Weekly |
| All Total Income (Include child and adult income) | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determining Official Signature: _____ | | | | | | Date: _____ | | | | | |
| Confirming Official Signature: _____ | | | | | | Date: _____ | | | | | |

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Step Two: Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

| Sources of Child Income | Examples |
|---|--|
| <ul style="list-style-type: none"> Earnings from work Social Security <ol style="list-style-type: none"> Disability Payments Survivor's Benefits Income from person outside the household Income from any other source | <ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust |

Sources of Income for Adults

| Earnings from Work | Public Assistance / Alimony / Child Support | All Other Income |
|---|---|--|
| <ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ol style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing | <ul style="list-style-type: none"> Cash Assistance from State or local government Supplemental Security Income Unemployment benefits Worker's compensation Alimony payments Child support payments Veteran's benefits Strike benefits | <ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Rental income Regular cash payments from outside household |

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when 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 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 school meal status also is recorded on a statewide computer system used to report student data to 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.

Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) **mail:** U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov

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