Dear Parent/Guardian:

Our school offers healthy meals each day. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other meal programs.

To apply, complete the enclosed Application for Educational Benefits and return it to: Independent School District #818, 411 SW Brown Street, Verndale, MN 56481

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 218-445-5184.

Sincerely,

Ashley Hess

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 takehome 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.

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

Maximum Total Income

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: (School/District Information).

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). STEP 1:

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)	W	Child's Last Name	School	Grade	Birthdate	Foster Child (V)
			i.			
STEP 2: Do Any Household Members (including you) cu	urrently p	STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance does not qualify. If NO > Go to STEP 3.	ams: SNAP, MFIP or FDPIR? Medical a	assistance doe	s not qualify. If NO > Go to	STEP 3.

then go to STEP 4 (Do not complete STEP 3) If YES >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number)

Or Check if Adult has No SSN: L STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- L Child Income Ъ.

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

Total Income Boceived by All Children	Mooth	Di wookh	2x	Monthl
	weeny	DI-WEENIY	Month	γ
Ş				

Total Number of All Household Members (Children + Adults)

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. ن

	Names of All Adult Household Members (First and Last)		Gro	iss Earl	nings f	Gross Earnings from Working at Jobs		Are	you Se	elf-Empl Farmer?	Are you Self-Employed or a Farmer?			Any	Other	Any Other Gross Income	Jcome	
0	List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Меекіу	-!8	7X Meekiy	Monthly Month	Report income before deductions or taxes in whole dollars (no cents).		Vonthly	روع الع ۲	Net in Farr Employ Juplicat	Net income from Farm or Self- Employment. Do not duplicate elsewhere.		Weekly	ς× — Μσσκιλ B!-	Monthly Month	SSI, L Pub Child	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2	ient, ice, and e 2
						Ş			\$							ş		
						Ş			\$							Ş		
						Ş			\$							Ş		
						\$			\$ □							\$		
th 51 (ch	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 give 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. The median of the information of the information.	mise) this and that tool offi	at all in this in cials m tion, m	format format ay veri	tion on ion is fy	Do Not Fill Out: For School Office Use	ool Offi	ce Use	ZSX	97X	X3 X12 X24	Cerifie Attach Tracker	Verified? Attach	chang e		Free After verified	Reduced After De Ve <u>fif</u> ied	Deni <u>ed</u> After Verified

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

All Total Income All Total Income All Total Income	Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	ZSX	97X	X24	ZTX	τx		No Chang	Free After Ve <u>Fif</u> led	Reduced After Verifjed	Deniéd After Verified
e: Date: Data: Dat	All Total Income (Include child and adult income)	Weekly	Bi-weekly	XX 2X	Monthly	əzilennnA	Household Size:		Free	рәэпрәу	bəinəD
80	Ş										
	Determining Official Signature:								Date:		
	Confirming Official Signature:								Date:		

SIGN HERE: Signature of Household Adult

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*.

Hispanic or Latino Lot Hispanic or Latino Step One: Ethnicity (check one):

White Native Hawaiian or Other Pacific Islander Black or African American

INSTRUCTIONS: Sources of Income

Sources of Income for Childrer

Sc	Sources of Income for Children			Sources of Income for Adults				
	Sources of Child Income		Examples	Earnings from Work	Public Assistance / Alimony / Child Support	/ Alimony Jort		All Other Income
•	Earnings from work	(A child has a root full or most time ich where their	 Salary, wages, cash bonuses (before 	Cash Assistance from State or	m State or	•	Social Security
•	Social Security		היווט וומא מירפטומו זמוו טו אמור-נוווור שטט אוופור נוורץ	deductions or taxes)	local government		•	Disability benefits
	a. Disability Payments	•	A child is blind or disabled and receiver Secial	 Net income from self-employment 	 Supplemental Security Income 	Irity Income	•	Regular income from
	b. Survivor's Benefits	•		(farm or business)	 Unemployment benefits 	nefits		trusts or estates
•	Income from person outside		A Darout is disabled satisfy as decreased and the sin	 If you are in the U.S. Military: 	 Worker's compensation 	ation		Annuities
	the household	•	A raterit is uisableu, retireu, or geceaseu, and their child monitor Cocial Committe homofite	a. Basic pay and cash bonuses (do	 Alimony payments 			Investment income
•	Income from any other source		A friend or outended family member members	NOT include combat pay, FSSA	 Child support payments 	nents	•	Rental income
			A Ineria of exterioed family meriber regularly gives a	or privatized housing	 Veteran's benefits 		•	Regular cash payments
		(allowances)	 Strike benefits 			from outside
		•		b. Allowances for off-base				household
			pension rund, annuity, or trust	housing, food and clothing				

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.

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 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, (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

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 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, completed AD-3027 form or letter must be submitted to USDA by:

Office of the Assistant Secretary for Civil Rights (2) fax: (833) 256-1665 or (202) 690-7442; or (1) mail: U.S. Department of Agriculture (3) email: program.intake@usda.gov Washington, D.C. 20250-9410; or 1400 Independence Avenue, SW

Date