

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 including Foster Children 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 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	Any Other Income, including net Farm/ Self-Employment
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ 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 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):  Case Number - Free  Foster - Free Office Use Only

Income - Free  Income - Reduced Price  Temporary until \_\_\_\_\_

Denied:  Incomplete  Income Too High  Other: \_\_\_\_\_

Signature - Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Change Status To: \_\_\_\_\_ Reason: \_\_\_\_\_ Withdrawn: \_\_\_\_\_

Signature – Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_

Result:  No Change  Free to Reduced-Price  Free to Paid Office Use Only

Reduced-Price to Free  Reduced-Price to Paid

Reason for Change:  Income  Household Size  Refused Cooperation

Other: \_\_\_\_\_

Signature – Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_