

### Application for Educational Benefits

Free and Reduced-Price School Meals • School Year 2010-11 • State and Federally Funded Programs for Schools

- Check here if this is the first school meal application at this school district or this nonpublic school for any child listed below
- I have listed below  All children in the household except foster children, from birth through high school. Attach an additional page, if necessary. (check one):  One foster child in my care (who is the legal responsibility of a social services agency or court). Write in the foster child's name, date of birth, grade and school below. Does this foster child receive foster care funds that are designated specifically for the child's personal use?  No  Yes - \$\_\_\_\_\_ Complete a separate application for each foster child. Do not combine foster children and other children on this form.

Names of all Children in Household except Foster Children (or Name of One Foster Child)		Date of Birth Month/Day/Year	Grade	School	If applicable Regular Income to Child (for example SSI)
First Name	Last Name				\$ _____ per _____
		/ /			\$ _____ per _____
		/ /			\$ _____ per _____
		/ /			\$ _____ per _____
		/ /			\$ _____ per _____

3. If applicable  
Active Case Number  
For any household member

Case Number: \_\_\_\_\_

MFIP  
 Food Support (Stamps)  
 FDPIR  
(Not Medical Assistance)

- List all adults in the household, all incomes and how often each income is received. Attach an additional page, if necessary. The instructions page shows the maximum income to qualify for school meal benefits. Do not complete Section 4 if a foster child is listed in Section 2 or a case number is provided in Section 3.

Names of all Adults in Household (all household members not listed in Section 2)		Check this column if person has NO INCOME	Household Incomes				
			Gross Wages and Salaries from all jobs - before deductions -	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Compensation, Strike Benefits	Any Other Income, including net Farm/ Self-Employment
First Name	Last Name		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) or yearly (Y). Do not write in hourly pay. If income fluctuates, write in the amount normally received.				
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

- 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 my information with the MinnesotaCare health insurance program  Do not share my information with the General Assistance Medical Care program.
- I certify that the information provided on this application is true and correct and that I have reported all household members and all household incomes. Because federal and state funds may be paid on the basis of this information, I understand that school and state officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws.

Signature of Adult Household Member (required) \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Security number (required if Part 4 is completed): \_\_\_\_\_ OR  I don't have a Social Security number  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Office Use Only**

Total Household Size: \_\_\_\_\_ Total Incomes: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Or Household Is Categorically Eligible: \_\_\_\_\_ (MFIP/Food Assistance (Stamps)/FDPIR)  
 Approved: Free \_\_\_\_\_ Reduced-Price \_\_\_\_\_ Temporary until \_\_\_\_\_  
 Denied: Incomplete \_\_\_\_\_ Income Too High \_\_\_\_\_ Other: \_\_\_\_\_  
 Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Withdrawn: \_\_\_\_\_  
 Change Status To: \_\_\_\_\_ Reason: \_\_\_\_\_

**Office Use Only**

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Date 'Notice of Change' Sent: \_\_\_\_\_  
 Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_