

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.75; lunch costs \$3.00

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 will receive breakfasts at no charge.

Students attending schools that participate in the Community Eligibility Provision, Provision 2 or Provision 3 will receive school meals at no charge without an application. However, at public schools, a completed application is still needed to help the school qualify for education funds and discounts.

Return your completed Application for Educational Benefits to:

Immaculate Conception School 4030 Jackson Street NE Columbia Heights, MN 55421

**Who can get free school meals?** 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 can get free school meals without reporting household income. Also, children can get free school meals if their household income is within the maximum income shown for their household size.

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

**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.

**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).

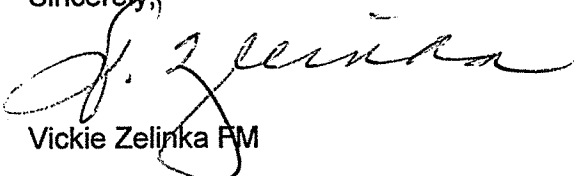
**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes.

**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 status for school meal benefits, will be protected as private data. Your child's approval status for school meal benefits may be shared with other nutrition, education or health programs that offer benefits based on approval for school meals – for more information see the back page of the Application for Educational Benefits. Let us know if you do not want your information shared for benefits from other programs.

If you have other questions or need help, call *[phone number]*.

Sincerely,



Vickie Zelinka FM

## How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2015-16 if any of the following apply 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 foster children (a welfare agency or court has legal responsibility for the child), or
- The total income of household members is within these guidelines (gross earnings, not take-home pay):

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

### Step 1 - Children

List all children living in the household, their birthdate and, if applicable, their grade and school. Fill in the circle if a child is in foster care. Attach an additional page if necessary. Providing racial/ethnic information for each child is optional; this information helps to make sure we are fully serving our community.

**Step 2 - Case Number** Complete Step 2 if any household member currently participates in any of the three assistance programs listed in Step 2. If Step 2 is completed, skip Step 3.

### Step 3 - Adults / Household Incomes / Last 4 Digits of Social Security Number

Section A – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular income to children. Do not include occasional earnings like babysitting or lawn mowing.

Section B – The person signing the application must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.

Section C – List all adults living in the household, whether related or not (such as grandparents, other relatives, or friends). Include any adult who is temporarily away, such as a student away at college. Attach an additional page if necessary.

- List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For farm or self-employment income only, list net income after subtracting business expenses. 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 each income, fill in a circle to show how often the income is received.
- Do *not* include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

### Step 4

If you do *not* want Information to be shared with the state health insurance program, check the box.

### Step 5 – Signature and Contact Information

An adult household member must sign the form.