

INDEPENDENT SCHOOL DISTRICT 19 Rosemount-Apple Valley-Eagan Public Schools
Food and Nutrition Services
4187 Braddock Trail - Eagan, MN 55123



Dear Parent/Guardian:

We encourage all families to take advantage of the high-quality, nutritious meals available to students each day. Elementary (PK-5) lunch cost is \$2.50 and breakfast cost is \$1.55 (breakfast is free for ALL kindergarten students). Middle school (6-8) lunch cost is \$2.55 and breakfast is \$1.60. High school (9-12) lunch cost is \$2.65 and breakfast is \$1.60. Adult lunch is \$3.70 and adult breakfast is \$2.05. Milk purchased only is .40 cents.

You may apply online for free or reduced school meals at www.district196.org or applications are available upon request. A new application must be submitted each year. Your application also helps our school qualify for additional 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 meals will receive school meals at no charge. State funds also help to pay for breakfast for kindergarten students, so all participating kindergarten students will receive breakfast at no charge.

- 1. Who can get free meals?** Children in households participating in Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Plan (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and foster children can get free meals without reporting household income. Homeless, migrant and runaway children can get free school meals but will need to contact the school district liaison to be determined. Also, children can get free school meals if your household income is within the maximum income shown for your household.
- 2. Should I fill out an application if I got a letter this school year saying my children were “directly certified” for free meals?** Do not fill out an application if you have received a letter indicating that your children have already been directly certified for free school meals on data from the Minnesota Department of Human Services. If only some of your children living in the household were directly certified, you can return the “Letter of Notification” listing the additional children within your household to the Food & Nutrition Service Office to be approved.
- 3. We receive Medical Assistance, can my children receive free meals?** Medical Assistance case numbers **does not** qualify, although households may be eligible for school meal benefits. Please complete an application.
- 4. I get WIC., can my children get free meals?** WIC **does not** qualify households, although children in households participating in WIC may be eligible for school meal benefits. Please complete an application.
- 5. Who should I include as members of my household?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).
- 6. What incomes do I include?** Include your gross income (not take home pay). Examples are earnings from all jobs, worker’s compensation, unemployment, veterans and disability benefits before all deductions. **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 it only sometimes.
- 7. How do we note our income on the form if we are self employed or have farm income?** With all other income you would note your gross wages but with self employed/farm income you may list your annual *net* income after deductions of business expenses (generally reported on a Schedule C or Schedule F of federal tax return).
- 8. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 9. How will the information I provide be kept?** Information you provide on the form, and your child’s approval for school meal benefits will be protected as private data; according to the National School Lunch Act.
- 10. What if I disagree with the school’s decision about my application?** You should talk to the school official. You may also ask for a hearing.
- 11. Do I need to notify school officials if my income increases or my household size decreases after I have qualified for free meals?** No. Approval for free meals is good for the school year unless the household has received a temporary approval for school meal benefits.
- 12. If I don’t qualify now, may I apply later?** Yes. You may apply at any time during the school year if your income goes down, household size goes up, or if you start receiving Supplemental Nutrition Assistance Program (SNAP), MFIP, or FDPIR benefits.

If you have questions or need help completing your form contact **Susan 651-683-6958**.

Instructions for Completing the Application for Educational Benefits

Complete the Application for Educational Benefits for school year 2016-17 if any of the following apply:

- Any household member currently participates in the *Minnesota Family Investment Program (MFIP)*, or *Supplemental Nutrition Assistance Program (SNAP)*, or *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 (gross earnings, not take-home pay) is within these guidelines:

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
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

Children and Foster Status List all children in the household in Section 2.

Indicate foster care status for a child by checking the box.

Include any regular income, for example SSI to children other than foster children

(Do not list occasional earnings like babysitting).

Case Number Complete Section 3 if any household member currently participates in one of the programs listed in that section. If Section 3 is completed, skip Section 4 (adult names and incomes).

Adults / Household Incomes List all adult household members, whether related or not, in Section 4. Include any adults temporarily away, such as a student away at college. Do not complete Section 4 if a case number was provided in Section 3, or if the application is for foster children only.

List each adult household member's gross incomes, not take-home pay, and how often each income is received. For example: "W" for Weekly.

List your gross incomes before ALL deductions.

If an income varies, list the amount usually received.

For farm/self-employment income only, list net income after subtracting business expenses.

Examples of "other income" to include in the last column are farm/self-employment, rentals, etc.


Check the "No Income" column after a person's name if they have no income. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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.

Signature The form must be signed by an adult household member in section 6.

Social Security Number The person signing the application must provide the last four digits of their Social Security number unless:

- A qualifying case number was provided in Section 3, or
- All children in the household who need school meal benefits are foster children, or
- The person signing the application does not have a Social Security number and has indicated this in Section 6.

Application for Educational Benefits available online at www.district196.org  or complete and mail

I.S.D. 196 Food & Nutrition Services - 4187 Braddock Trail - Eagan, MN 55123 School Year 2016-17 – School Meal Benefits - State and Federally Funded Programs

1. Check here if this is the first school meal application at this school district (note information does not automatically transfer from one school district to another)

2. List all infants, children and students through grade 12 in the household, even if they are not related. (attach sheet if needed)		Birthdate	Grade	School	Foster child? * <small>(An agency or court has legal responsibility for the child)</small> If yes ✓	Any regular income to child Example: Part-time job or SSI How often/per (W) (BW) (TM) (M)
Last Name	First Name	Month/Day/Yr				
		___/___/___			<input type="checkbox"/>	\$_____ per _____
		___/___/___			<input type="checkbox"/>	\$_____ per _____
		___/___/___			<input type="checkbox"/>	\$_____ per _____
		___/___/___			<input type="checkbox"/>	\$_____ per _____
		___/___/___			<input type="checkbox"/>	\$_____ per _____

3. Do any Household Members (including you) currently participate in any assistance programs as listed below.
If yes ✓ one and write in the **CASE NUMBER** and skip section 4.

Case Number

Supplemental Nutrition Assistance Program (SNAP-formerly Food stamps)

Minnesota Family Investment Program (MFIP)

Food Distribution Program on Indian Reservations (FDPIR)

Medical Assistance and WIC do not qualify.

* Skip section 4 if ALL children applied are foster children.

4. Names of ALL Adults in Household <small>For the purpose of school meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not and their income(s) in whole dollars. If income fluctuates, write in the amount normally received. If a person has no income, check the box or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.</small>		Check box for each	ALL HOUSEHOLD INCOMES - Gross income (before all deductions-not take home pay) for each person & per how often payments are received: Weekly (W) Bi-weekly/every other week (BW) Twice per month (TM) Monthly (M) Annually (A)				
Last Name	First Name	NO Income ✓	Gross Pay from Work before ALL deductions (NOT take-home pay). <small>Do not write in an hourly wage.</small>	Farm or Self Employment (Net income after business expenses). <small>State if annual or monthly.</small>	Public Assistance, Child Support, Alimony.	SSI/Social Security, Retirement, Disability, Veterans benefits or Pension.	All Other Incomes: Unemployment, Worker's Comp, Strike Benefits, Property rental, etc.
		<input type="checkbox"/>	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
		<input type="checkbox"/>	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
		<input type="checkbox"/>	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____

5. The information I provide may be shared with Minnesota Health Care Programs, as allowed by state law, unless I have checked this box. Do not share information for this purpose.

I give permission to share my child(ren)'s name and meal eligibility status with for additional benefits that may apply such as transportation fee, scholarships, vision/hearing services, band instruments, field trips, sports fees and co-curricular or extra-curricular activities, unless I have checked this box. Do not share my information with the School District Programs.

6. I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws.

Signature of Adult Household Member (required) _____ Print Name _____ Date _____
 Last four digits of signer's Social Security Number (required) XX XX - XX XX - or - Check the box if you don't have an Social Security Number
 Address _____ City _____ Zip _____ Hm/Cell phone _____ Wk phone _____

Office Use Only

Total Household Size: _____ Total Incomes: \$ _____ per _____

Approved (check all that apply): Case Number - Free Foster - Free
 Income - Free Income - Reduced Price Temporary until _____

Denied: Incomplete Income Too High Other

Signature - Determining Official: _____ Date: _____

Change Status To: _____ Reason: _____ Withdrawn: _____

Office Use Only

Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____

Result: No Change Free to Reduced-Price Free to Paid
 Reduced-Price to Free Reduced-Price to Paid

Reason for Change: Income Case number not verified Foster not verified
 Refused Cooperation Other

Signature - Verifying Official: _____ Date: _____

Is this form required? This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or
- (2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR).

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information, but if you do not we cannot approve your child for free or reduced-price school 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 are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. We will use your information to determine if your child qualifies for free school meals and for administration and enforcement of the school meal programs. We *may* share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (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.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 5 to not share information for that purpose.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA *Program Discrimination Complaint Form* (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail to 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 to (202) 690-7442; or (3) email to program.intake@usda.gov. This institution is an equal opportunity provider.

Children's Ethnic and Racial Identity (Optional)

Please provide the following information, which is used to determine the school's compliance with civil rights laws. If the information is left blank, a representative of the school is required to identify the ethnic and racial identity of participants for civil rights reporting.

1. Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

2. Choose one or more races (regardless of ethnicity):

- Asian
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- White