

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$3.00; lunch costs \$3.25.

Your children may qualify for free or reduced price meals. Reduced price is \$0.40 for lunch. “Reduced-price” breakfasts are served at no charge. To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the instructions on the other side of this page. This also helps our school qualify for additional education funds and discounts.

Return your completed Application for Educational Benefits to: **Finance Office, Hillcrest Lutheran Academy, 610 Hillcrest Drive, Fergus Falls, MN 56537**

1. Who can get free or reduced price meals? Children in households participating in Food Stamps, Minnesota Family Investment Plan (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, your children can get free or reduced-price meals if your household income is within the income shown for your household size on the chart on the next page. An Application for Educational Benefits cannot be approved if any required information is missing.

2. I get WIC. Can my children get free meals? Children in households participating in WIC *may* be eligible for free or reduced price meals. Please fill out an Application for Educational Benefits.

3. Should I fill out an application if I got a letter this school year saying my children were directly certified for free meals based on data from the MN Department of Human Services? Do not fill out an Application for Educational Benefits if all of your children have been directly certified for free school meals. If only some of your children were directly certified, you can fill out an Application for Educational Benefits to apply for your children who were not directly certified.

4. Will the information I give be checked? Yes, we may ask you to send written proof.

5. 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 getting Food Stamps, MFIP, or FDPIR benefits.

6. What if I disagree with the school’s decision about my application? You should talk to school officials. You also may ask for a hearing.

7. 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 meals.

8. Who should I include as members of my household? You must include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends). Include a household member who is temporarily away such as a college student.

9. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

10. How will the information I provide be kept? Information you provide about your household income or public assistance will be protected as private data. Your child’s approval for free or reduced-price meals is also private data. The back page of the Application for Educational Benefits has details about data privacy.

If you have other questions or need help, call **218-739-3371**.

APPLICATION for EDUCATIONAL BENEFITS

If your household participates in FOOD STAMPS, MFIP, or FDPIR, follow these instructions:

Part 1: Check the box if this is the first time a school meal application is being completed for any child.

Part 2: Check the box "I have listed below *all children* in the household except foster children." List each child's name, date of birth, grade, school, and case number. Medical Assistance case numbers do *not* qualify.

Part 3: Skip this part.

Part 4: An adult household member must sign the form. A Social Security number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

Use a separate application for each foster child.

Part 1: Check the box if this is the first time a school meal application is completed for this child.

Part 2: Check the box "I have listed below a *foster child*." List the foster child's name, date of birth, grade, and school. In the last column "SSI or other regular income to child," list any income that is designated for the child's personal use or write "none" if the child has no personal use income.

Part 3: Skip this part.

Part 4: An adult household member must sign the form. A Social Security number is not necessary.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Complete an Application for Educational Benefits if your household income is less than or equal to the amount shown for your household size in this chart. These amounts are effective July 1, 2007 through June 30, 2008.

Total Household Income - Maximum

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	18,889	1,575	788	727	364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
For each additional household member add:	6,438	537	269	248	124

Part 1: Check the box if this is the first time a school meal application is being completed for any child.

Part 2: Check the box "I have listed below *all children* in the household except foster children." List each child's name, date of birth, grade and school. If a child receives any regular income, such as SSI payments, list the amount and how often it is received in the last column.

Part 3: Report all incomes for all adult household members.

Names: List the first and last name of each adult living in your household, related or not (such as grandparents, other relatives, or friends), including yourself. Include a household member temporarily away from home such as a college student. Attach another page if necessary.

Gross Monthly Wages and Salaries: Next to each adult's name list the **gross income** earned from work before taxes and other deductions, *not* take-home pay. Next to each amount, write in how often the income is received (weekly, every two weeks, twice per month, monthly).

All Other Incomes: List **all other amounts**, in addition to wages and salaries, that each person receives on a regular basis from any source. Next to each amount, write how often the income is received. If a person has no income, check the "No Income" box. For self-employment, list *net* income after business expenses.

Part 4: An adult household member must sign the form and provide their Social Security number. If the person signing the form does not have a Social Security number, they may indicate this by checking the box.



Free and Reduced-Price School Meals



State and Federally Funded Programs for Schools

APPLICATION for EDUCATIONAL BENEFITS

School Year 2007-08

- Check here if this is the first school meal application for any child listed below.
- Check one box: I have listed below *all children* in the household, from birth through high school, *except* foster children. Attach an additional page if necessary.
 I have listed below a *foster child* in my care (who is the legal responsibility of a social services agency or court). Complete a separate application for each foster child. Do not combine foster children and other household children on the same application. Include in the last column any foster care funds that are specifically for the child's personal use. If no foster care funds have been designated for foster child's personal use, write in "none".

Names of All Children In Household except Foster Children Or Name of One Foster Child		Date of Birth	Grade	School	If applicable Case Number (MFIP, Food Stamps, or FDPIR Only)	If applicable SSI or Other Regular Income to Child
First Name	Last Name	Month/Day/Year	(PreK - 12 th)			
1		___/___/___				\$___ per ___
2		___/___/___				\$___ per ___
3		___/___/___				\$___ per ___
4		___/___/___				\$___ per ___
5		___/___/___				\$___ per ___
6		___/___/___				\$___ per ___

- List *all adults* in the household, *all incomes*, and *how often* each income is received. Attach an additional page if necessary. Skip this part only if all children applying for school meal benefits in the previous section have MFIP or Food Stamp or FDPIR numbers, or if this application is for a foster child.

Names of All Adults in Household		Check this column if person has NO INCOME	Incomes				
First Name	Last Name		Write in each income <i>and</i> how often it is received: weekly, bi-weekly (every 2 weeks), twice per month, monthly, or yearly . If income fluctuates, write in the amount normally received.				
			Gross Wages and Salaries	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including <i>net</i> Farm/ Self-Employment
Example <i>Jane</i>	<i>Smith</i>		\$500 per 2 weeks	\$150 per month	\$200 per month	\$___ per ___	\$___ per ___
1			\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___
2			\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___
3			\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___

- I certify that the information provided on this application is true and correct. 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 3 is completed): _____ - _____ - _____ OR I don't have a Social Security number
 Address: _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____

Total Household Size: _____ Total Household Income: _____
 Or Household Receives: MFIP / Food Stamps / FDPIR
 Approved: Free _____ Reduced-Price _____ Temporary until _____, _____, _____
 Denied: Incomplete _____ Income Too High _____ Other: _____
 Signature of Determining Official: _____ Date: _____
 Withdrawn: _____
 Change Status To: _____ Reason: _____

Date Verification Sent: _____ Response Due: _____ 2nd 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 _____ Change in Benefits _____ Refused Cooperation _____ Other: _____
 Date 'Notice of Change' Sent: _____
 Signature of Verifying Official: _____ Date: _____

