



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 <i>including Foster Children</i> 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 <i>not</i> 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 <i>net</i> Farm/Self-Employment
	<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. 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): <input type="checkbox"/> Case Number - Free <input type="checkbox"/> Foster - Free <input type="checkbox"/> Income – Free <input type="checkbox"/> Income – Reduced Price <input type="checkbox"/> Temporary until _____ Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Income Too High <input type="checkbox"/> Other: Signature - Determining Official: _____ Date: _____ Change Status To: _____ Reason: _____ Withdrawn: _____	Office Use Only
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Signature – Confirming Official: _____ Date: _____ Date Verification Sent: _____ Response Due: _____ 2 nd Notice: _____ Result: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced-Price <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced-Price to Free <input type="checkbox"/> Reduced-Price to Paid Reason for Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused Cooperation <input type="checkbox"/> Other: Signature – Verifying Official: _____ Date: _____	Office Use Only
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