



Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast is served at all schools and costs \$2.15 at the secondary school and \$2.00 at the elementary. Lunch prices are: \$2.90 for secondary school and \$2.65 for elementary.

Your children may qualify for free or reduced-priced 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-priced schools meals, so all students who are approved for either free or reduced-priced 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:

**St. Anthony-New Brighton School**

**Attention: Linda Guenther**

**3303 33<sup>rd</sup> Ave. N.E.**

**St. Anthony, MN. 55418**

**Who can get free or reduced-priced meals?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Plan (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 meals if their household income is within the maximum income shown for the household size.

**I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free 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 meals.

**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).

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

**How will the information I provide 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.

**Will the information I give be checked?** Yes and we may also ask you to send written proof.

**If you have other questions or need help, call (612)706-1003.**

Sincerely,

A handwritten signature in black ink that reads "Linda Guenther". The signature is written in a cursive style.

Linda Guenther

## How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2017-18 if any of the following applies 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 one or more foster children (a welfare agency or court has legal responsibility for the child). *or*
- The total income of household members is within the guidelines shown below (gross earnings before deductions, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2017 through June 30, 2018.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	22,311	1860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Add for each additional person	7,733	645	323	298	149

### Step 1: Children

List all infants and children in the household, their birth date and, if applicable, their grade and school. Attach an additional page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child). Please provide the requested information on ethnicity and race for each child. This information is not required and does not affect approval for school meal benefits. The information helps to make sure we are meeting civil rights requirements and fully serving our community.

**Step 2: Case Number** If any household member currently participates in the Special Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), write in your case number, check which program you participate in, and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3. WIC and Medical Assistance (M.A.) programs do not qualify for this purpose.

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

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** 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 seasonal work, write in the total annual income.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of Social Security number – The adult household member 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.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

**Step 4: Signature and Contact Information** An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.