

Dear Parent/Guardian:

Our school provides healthy meals each day. lunch costs \$ 2.30 . Extra milks \$.35¢ .

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 receive breakfasts at no charge.

Return your completed Application for Educational Benefits to:

St. Anne's School
1054 Cedar Box 239
Wabasso, Mn 56293

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. Or children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

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

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).

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.

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 for school meal benefits, will be protected as private data. For more information see the back page of the Application for Educational Benefits.

If I don't qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call Jane Baune or Kathy Wall at 507-342-5389

Sincerely, *Jane Baune, Secretary*

Application for Educational Benefits - School Year 2016-17
School Meals • State and Federally Funded Programs

Step 1: List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	Child's Last Name	Birthdate	School	Grade	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Optional - is the child Hispanic / Latino? If yes, fill in the circle.	Optional - Racial Identity* Fill in one or more circles for each child.							
							American Indian	Asian	African American	Pacific Islander	White			
Child 1 Name	Child 1 Last Name				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2 Name	Child 2 Last Name				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

Step 2: Do any Household Members, including yourself, currently participate in any of the following assistance programs: SNAP, MFIP or FDIPIR? Circle one: **Yes No**
Medical Assistance and WIC do not qualify. If No > Go to STEP 3. If Yes > Write in the CASE NUMBER

Step 3 A: List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you answered "yes" to STEP 2 or if all participants are foster children.)

Adults - Full Name <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 listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.</small>	Gross Pay from Work <i>Do not write in an hourly wage.</i>				Farm or Self-Employment Net Income after business expenses, State if annual or monthly.	Public Assistance, Child Support, Alimony Payments received.	All Other Incomes							
	Do not write in an hourly wage.	Weekly	Bi-Weekly	2x Month			Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.			Other			
					Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	
	Gross pay before deductions (not take-home pay).	Weekly	Bi-Weekly	2x Month	Monthly	Net Income after business expenses, State if annual or monthly.	Payments received.	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Last four digits of signer's Social Security Number (SSN) or no SSN (required):
 - or I don't have a Social Security Number.
 - regular incomes of children, if any:

Step 4: 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. 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 my information with Minnesota Health Care Programs.
 Signature of Adult Household Member (required) _____ Print Name: _____ Date: _____
 Address: _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____

Office Use Only Total Household Size: _____ Total Income: \$ _____ per _____ Approved: Case Number - Free Foster - Free Income - Free
 Income - Reduced-Price Denied: Incomplete Income Too High Signature of Determining Official: _____ Date: _____