

## 2019-20 Application for Educational Benefits

Complete one application per household. Please use pen (not a pencil).

**STEP 1: List ALL Household Members who are infants, children, and students** up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information.

Child's First Name	MI	Child's Last name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify.

If YES > Enter SNAP, MFIP or FDPIR Case Number \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3)

If NO > Go to STEP 3.

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1.

Child Income	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. All Adult Household Members (including yourself).** For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report.

Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Name of Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.

Weekly	Bi-Weekly	2x Month	Monthly	Gross earnings from Work Report income <b>before</b> deductions or taxes, for each source in whole dollars (no cents).
<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"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Monthly	Yearly	Net income from Self-Employment
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Weekly	Bi-Weekly	2x Month	Monthly	All Other Gross Income such as SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<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"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

**C. Last Four Digits of Social Security Number (SSN)** of Primary Wage Earner or Other Adult Household Member XXX-XX- Check if **no SSN:**  **Total Household Members** (Children and Adults) \_\_\_\_\_

**STEP 4:** Contact information and adult signature. Mail or return completed form to: (School/District Information) \_\_\_\_\_

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is give in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

I have checked this box if I *do not* want my information shared with

Minnesota Health Care Programs as allowed by state law.

\_\_\_\_\_  
Printed name of adult signing form Daytime Phone

\_\_\_\_\_  
Street Address (if available) Apt# City Zip

\_\_\_\_\_  
Signature of Household Adult Date

Do not fill out: For School Use Only

Annual Income Conversion:  
Weekly x 52  
Bi-Weekly x 26  
Twice a Month x 24  
Monthly x 12

All Total Income (Include child and adult income)	Weekly	Bi-weekly	2x Month	Monthly	Annualize	Household Size	Categorical Eligibility	Free	Reduced	Denied
\$	<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"/>

Selected for Verification – attach Verification Tracker

\_\_\_\_\_  
Determining Official's Signature Date

\_\_\_\_\_  
Confirming Official's Signature Date