

## Instructions for Completing the *Application for Educational Benefits*

Complete an application if one or more of the following apply to your household:

- Any member of the household currently participates in any of these three programs: *Minnesota Family Investment Program* (MFIP), *Food Support* (SNAP), or *Food Distribution Program on Indian Reservations* (FDPIR).
- One or more children in the household are *foster children* (a welfare agency or court has legal responsibility for the child).
- *Total household income* (gross earnings, *not* take-home pay) is within these guidelines:

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional household member add:	7,067	589	295	272	136

**Section 1** Check the box if this is the first time that you have applied for meal benefits for any of your children at this school district or nonpublic school.

**Section 2** List all children in the household, including foster children, and provide the requested information for each child. List any regular incomes to children such as SSI payments or regular earnings. Do not list occasional earnings like babysitting.

*Foster children:* check the “foster child” box for each child who is a foster child (a welfare agency or court has legal responsibility for the child). If all children who need to be approved for school meal benefits are foster children, skip sections 3 and 4.

**Section 3** If any member of the household receives public assistance from any of the following three programs, write in the person’s name and case number: *Minnesota Family Investment Program* (MFIP), *Food Support* (SNAP), or *Food Distribution Program on Indian Reservations* (FDPIR). If section 3 is completed, skip section 4. A Medical Assistance number does *not* qualify for this purpose.

**Section 4** Write in all adult household members and all incomes. Include all adult persons who live in the household whether related or not. Also include any persons who are temporarily away, such as a student away at college.

For earnings, list *gross income before taxes and other deductions*, not take home pay. You should be able to find your gross income on your pay stub. For *farm/self-*

*employment income only*, list net income after business expenses. Write in how often each income is received: Weekly (W), Bi-Weekly (every other month) (BW), Twice per Month (TM), or Monthly (M). Do *not* write in an hourly wage.

Examples of “other income” to include in the last column are farm or self-employment income, Veterans (VA) benefits, and disability benefits.

*Do not include as income:* foster care payments, federal education benefits, or assistance provided by MFIP, Food Support (SNAP), WIC or FDPIR. Military: Do *not* include income from the Military Privatized Housing Initiative or combat pay

**Section 5** Leave these boxes blank if you want to share your school meal eligibility status with these health benefit/insurance programs. Check the boxes if you do not want to share your eligibility status with these programs.

**Section 6** The form must be signed by an adult household member. If section 4 of the application has been completed, the signer must provide the last four digits of their Social Security number unless they indicate that they do not have a Social Security number. Provide address and phone number to assist in processing your application.

Also please provide voluntary racial/ethnic information requested on the back page of the form.