Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs $1.25 for both elementary and high school students; lunch costs $2.40 for elementary students and $2.75 for high school students.

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: Lake of the Woods School, Attn: Cece, P.O. Box 310, Baudette, MN 56623

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

To apply for free school meals, please complete the Application for Educational Benefits form.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance do not automatically qualify for free meals. Children may be eligible for free or reduced-price school meals depending on other household financial information. 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. For seasonal work, write in the total annual income.

Will the income information or case number I give be checked? It may be. 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 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 218-634-2735 ext. 1501.

Sincerely,

Cecelia Charlton, Food Service
How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2019-20 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, 2019 through June 30, 2020.

<table>
<thead>
<tr>
<th>Household size</th>
<th>$ Per Year</th>
<th>$ Per Month</th>
<th>$ Twice Per Month</th>
<th>$ Per 2 Weeks</th>
<th>$ Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
<td>963</td>
<td>889</td>
<td>445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>1,304</td>
<td>1,204</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>1,645</td>
<td>1,518</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>1,985</td>
<td>1,833</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>2,326</td>
<td>2,147</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>2,667</td>
<td>2,462</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>3,008</td>
<td>2,776</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>3,348</td>
<td>3,091</td>
<td>1,546</td>
</tr>
<tr>
<td>Add for each additional person</td>
<td>8,177</td>
<td>682</td>
<td>341</td>
<td>315</td>
<td>158</td>
</tr>
</tbody>
</table>

Step 1: Children
List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number
If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number 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.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Child Income.** 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, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.

- **Adult income.** Report the names of adult household members and income earned in this section.
  - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
  - **Gross Earnings from Work.** For each income, check the box to show how often the income is received: weekly, bi-week, twice per month, or monthly.
  - 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. For seasonal work, write in the total annual income.
  - **Self-employment or Farm Income.** List the net income per month or year after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
  - **All Other Gross Income.** List gross incomes before deductions from any other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. The total household members is reported.

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.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.
2019-20 Application for Educational Benefits
Complete one application per household. Please use pen (not a pencil).

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.

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>MI</th>
<th>Child’s Last Name</th>
<th>School</th>
<th>Grade</th>
<th>Birthdate</th>
<th>Foster Child (Y)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

IF YES > Enter SNAP, MFIP or FDPR 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 |
     |--------------|--------|-----------|----------|---------|
     | $            |        |           |          |         |

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.

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Gross earnings from Work</th>
<th>Net income from Self-Employment</th>
<th>All Other Gross Income such as SSI, Unemployment, Public Assistance, Child Support, and others on Page 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-weekly</td>
<td>2x Month</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX-_______

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 given 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
☐ Annual

☐ Household Size
☐ Certified Eligible
☐ Free
☐ Reduced
☐ Denied

☐ Selected for Verification – attach Verification Tracker

Determining Official’s Signature Date
Confirming Official’s Signature Date
INSTRUCTIONS: Sources of Income

**Sources of Income for Children**

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Earnings from work</td>
<td>• A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>• Social Security</td>
<td>• A child is blind or disabled and receives Social Security</td>
</tr>
<tr>
<td>a. Disability Payments</td>
<td>• A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>b. Survivor’s Benefits</td>
<td>• A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>• Income from person outside the household</td>
<td>• A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

**Sources of Income for Adults**

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance / Child Sup</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Salary, wages, cash bonuses (before deductions or taxes)</td>
<td>• Cash Assistance for local government</td>
</tr>
<tr>
<td>• Net income from self-employment (farm or business)</td>
<td>• Supplemental Security</td>
</tr>
<tr>
<td>• If you are in the U.S. Military:</td>
<td>• Unemployment benefits</td>
</tr>
<tr>
<td>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</td>
<td>• Worker’s compensation</td>
</tr>
<tr>
<td>b. Allowances for off-base housing, food and clothing</td>
<td>• Alimony payments</td>
</tr>
</tbody>
</table>

**OPTIONAL: Children’s Racial and Ethnic Identities**

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. It affects your children’s eligibility for free or reduced price meals.

**Ethnicity (check one):**
- □ Hispanic or Latino
- □ Not Hispanic or Latino

**Race (check one or more):**
- □ American Indian or Alaskan Native
- □ Asian
- □ Black or African American
- □ Native Hawaiian or Other Pacific Islander
- □ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your application. The last four digits of the social security number is not required.

You list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student’s school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. M federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state’s educational program.

**Nondiscrimination statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, and any USDA program or activity are prohibited from discriminating based on race, color, national origin, age, disability, sex, marital status, religion, or income.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact USDA. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additional languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](https://www.fns.usda.gov) found online at [Filing a Program Complaint] and at any USDA office; or, 2. Write a letter addressed to USDA: provide in the letter all of the information requested in the form. To request a copy of the complaint form, write to USDA by one of the following methods:

1. Mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;
2. Fax: 202-690-7442;
3. Email: program.intake@usda.gov

This institution is an equal opportunity provider.
Does your child have health insurance?
If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify.

Your child may qualify if your household income is below:

<table>
<thead>
<tr>
<th>Family size</th>
<th>Monthly income</th>
<th>Yearly income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$3,875</td>
<td>$46,502</td>
</tr>
<tr>
<td>3</td>
<td>$4,888</td>
<td>$58,657</td>
</tr>
<tr>
<td>4</td>
<td>$5,901</td>
<td>$70,812</td>
</tr>
<tr>
<td>5</td>
<td>$6,913</td>
<td>$82,967</td>
</tr>
</tbody>
</table>

Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit http://mn.gov/dhs/people-we-serve/adults/health-care/. The income limits above are valid until June 30, 2020.

To get a MNsure application for health coverage and help paying costs (DHS-6696):

- Print one from http://mn.gov/dhs/people-we-serve/adults/health-care/
- Call 877-KIDS-NOW toll free
- Call Lake of the Woods Social Services at 218-634-2642
Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملحوظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-837-3548-8001

をご利用いただけるよう、手伝いを必要とされる場合、労働者に相談し、または下記の番号にご連絡ください。1-844-217-3548-1

Thov ua twb zoo yeeem. Yog hais tias koj xav tau key pab txhai lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

Hubachiisa. Dokumentti kun tola akka siif hiikamu gargaaraa hoo feete, hojettooata kee gaafadhu ykn afaan ati dubbattuuf bibibi 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Dignii. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, hawlwaadenkaaga weydiisom ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service.