



## 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"/>

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIIP or FDIPIR? Medical assistance **does not** qualify.  
 If YES > Enter SNAP, MFIIP or FDIPIR 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)

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

**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.

**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)	Gross earnings from Work
	Report income before deductions or taxes, for each source in whole dollars (no cents).

Monthly	2x Month	Bi-Weekly	Weekly
<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
<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"/>	
\$	\$	\$	\$	

**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 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 \_\_\_\_\_

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

Signature of Household Adult \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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	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"/>

Selected for Verification – attach Verification Tracker

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