

APPLICATION FOR EDUCATIONAL BENEFITS

School Year 2016-2017

This Application for Educational Benefits Form for State and Federally Funded Programs for Schools is provided upon request to families with children attending District 279 schools.



IMPORTANT!
PLEASE READ!

ONLINE APPLICATIONS

the quickest and easiest way to complete an application and receive approval letters.

- Receive nutritious school meals for your children free or at a reduced-price
- Help your school to receive education funds or discounts

TWO WAYS TO APPLY for free or reduced-priced school meals:

- 1) **Online** at <http://www.district279.org/FMA>
- 2) Complete the attached Application for Educational Benefits following the instructions on this form.

Incomplete, difficult to read or incorrect applications will delay meal benefits. Until your application is processed, you will need to provide a lunch for your child(ren) or give them money to purchase school meals.

Esta información sobre comidas escolares gratis o a precio reducido está disponible en español. Visite el sitio Web www.district279.org para imprimir una copia.

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Thông tin về các bữa ăn miễn phí và giảm giá có sẵn trong tiếng Việt. Thăm www.district279.org để in một bản sao tin tức.

Other multi-language forms are available at <http://www.fns.usda.gov/cnd/FRP/frp.process.htm>. Please use the forms on this site AS A REFERENCE ONLY in completing this application.

Return your completed Application for Educational Benefits to:
Osseo School District Office, School Nutrition Department
11200 93rd Avenue North
Maple Grove, MN 55369-6605

Dear Parent or Guardian:

All schools in ISD 279 – Osseo Area Schools participate in the National School Lunch Program where nutritious meals are served every school day. Breakfast will be offered at: Basswood, Birch Grove, Cedar Island, Crest View, Edinbrook, Elm Creek, Fair Oaks, Garden City, Oak View, Palmer Lake, Park Brook, Rice Lake, Weaver Lake, Woodland, Zanewood, Brooklyn Middle, Maple Grove Middle, Osseo Middle, North View Middle, Maple Grove Senior High, Osseo Senior High, Park Center Senior High, Osseo Area Learning Center and Osseo Education Center-Achieve.

All meals served meet nutritional standards established by the U.S. Department of Agriculture. If a child has been determined by a physician to have a disability and the disability prevents the child from eating the regular meal, we will make modifications or substitutions prescribed by the physician at no additional charge. Please have your physician complete the forms available on the District 279 website at www.district279.org.

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 will receive breakfasts at no charge.

1. **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.
2. **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.
3. **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.
4. **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).
5. **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.
6. **Will the information I give be checked?** Yes, and we may also ask you to send written proof.
7. **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. Your child's approval status for school meal benefits may be shared with other nutrition, education or health programs that offer benefits based on approval for school meals. For more information see the back page of the Application for Educational 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 any other questions or need help, call 763-391-7129, between 7:00 AM and Noon.

***SCHOOL MILK UPDATE**

NOTE: Children who have been approved for FREE/REDUCED meals and choose to bring a meal from home (rather than eating the breakfast/lunch made at the school) are not eligible for "Free" milk on that day. MILK IS ONLY AVAILABLE AT NO CHARGE IF THE CHILD EATS THE BREAKFAST/LUNCH PROVIDED THROUGH THE SCHOOL MEAL PROGRAM.

The school breakfast/lunch programs are required to serve fluid milk as one of the components of the basic food groups. Lowfat, fat-free and flavored fat-free milks will be offered.

For those students who are lactose intolerant, lactose-reduced milk will be supplied upon the written request of a parent or guardian. Lactose intolerance is not to be confused with food allergies. Students who have an allergic reaction to milk are required by USDA to provide a signed medical statement if they would like a substitute.

2016-2017 SCHOOL LUNCH BREAKFAST PRICES

Elementary Lunch "Paid" . . . \$ 2.55
Junior High Lunch "Paid" . . . \$ 2.70
Senior High Lunch "Paid" . . . \$ 2.85
"Reduced" Lunch \$.00

Elementary Breakfast "Paid" . \$ 1.55
Secondary Breakfast "Paid" . \$ 1.60
"Reduced" Breakfast \$.00
Milk Choices \$.50

2016 - 2017 ISD 279 OSSEO AREA SCHOOLS Application for Educational Benefits/Free or Reduced Price Meals

DATE RECEIVED

PLEASE READ ALL INSTRUCTIONS. COMPLETE ONE APPLICATION PER HOUSEHOLD.

1 Supplemental Nutrition Assistance Program (SNAP), MFIP, or FDIPIR Benefits If you now receive Food Support (SNAP), MFIP, or FDIPIR benefits, list a current CASE number. **NOT MEDICAL ASSISTANCE**

2 If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children eligible for Minnesota Health Care Programs. See instructions for more information. Leave the box blank to allow sharing of information. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

Do not share my information with Minnesota Health Care Programs

3 STUDENT INFORMATION: Enter the birth date, last and first name, along with the grade and school of EACH STUDENT in the household that attends an ISD 279 Osseo Area Schools. If any income is received by or for a student please enter it in the column for Student's Income.

Nutrition Center Use Only	Student's Birth Date	Student's Last Name	Student's First Name	Grade	School Name	INCOME:	How Often?
	MMDDYY					\$ \$ \$ \$	(W) (2W) (M) (2M)
	MMDDYY					\$ \$ \$ \$	(W) (2W) (M) (2M)
	MMDDYY					\$ \$ \$ \$	(W) (2W) (M) (2M)
	MMDDYY					\$ \$ \$ \$	(W) (2W) (M) (2M)
	MMDDYY					\$ \$ \$ \$	(W) (2W) (M) (2M)
	MMDDYY					\$ \$ \$ \$	(W) (2W) (M) (2M)

4 ALL OTHER HOUSEHOLD MEMBERS: DO NOT INCLUDE THE CHILDREN LISTED ABOVE. Indicate income frequency (M = Monthly, W = Weekly, 2W = Every Other Week, or 2M = Twice a Month) by filling in the appropriate circle.

Enter Last & First Names of everyone living in your house. DO NOT INCLUDE THE STUDENTS LISTED ABOVE.	Gross Pay from Work. Do not write in an hourly wage. Gross pay before deductions (not take-home pay).	Farm or Self-Employment. Net income after business expenses.	Public Assistance, Child Support, Alimony Payments received.	All Other Incomes: Pension, retirement, disability, unemployment, Veterans benefits, etc.
LAST NAME, FIRST	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$
LAST NAME, FIRST	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$
LAST NAME, FIRST	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$
LAST NAME, FIRST	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$
LAST NAME, FIRST	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$

SIGNATURE: An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

7 I DO NOT HAVE A SSN:

Last 4 Digits of Adult Social Security Number

CERTIFICATION: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

SIGNATURE REQUIRED

8 Enter your name in the boxes below

5 ENTER THE TOTAL NUMBER OF HOUSEHOLD MEMBERS. The number you enter must equal the number of names from Part 3 and Part 4.

6 Mailing Address

City State Zip Home Telephone Number Apt #

FIRST NAME

LAST NAME

DATE SIGNED

RACIAL IDENTITY (Optional) Choose one or more (regardless of ethnicity): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNIC IDENTITY (Optional) Please mark one ethnic identity: Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

IF REPRODUCED, THIS APPLICATION WILL NOT WORK IN SOFTWARE

APPLICATION FOR EDUCATIONAL BENEFITS/FREE OR REDUCED PRICE MEALS - 2016/2017 SCHOOL YEAR

HOW TO FILL OUT THIS APPLICATION - PLEASE PRINT NEATLY WITH BLACK INK. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD .

- PART 1** Enter the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Plan (MFIP), Food Distribution Program on Indian Reservations (FDPIR) case number in the space provided.
- PART 2** **Sharing Information with Minnesota Health Care Programs** - Children who are eligible for school meal benefits may be eligible for Minnesota Health Care Programs. Your child's eligibility status for school meals (qualified for free or reduced-price meals) may be shared with Minnesota Health Care Programs unless you tell us not to. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.
- PART 3** Enter the enrolled student's birth date, last name, first name, grade, school name and income. Income to report includes student's salary, wages and child SSI. Write in "0" if no income is received.
- PART 4** Enter the last and first name of ALL people living in your household, but **DO NOT include the names of the students listed in Part 3.** Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills. If the individual has no income, you must put an X in the box next to the individual's name. Enter the frequency and the income BEFORE DEDUCTIONS in the appropriate column. If "0" income, please explain how you provide for food and shelter.

- PART 5** Add together the total number of household members listed in Parts 3 and 4 and enter the number.
- PART 6** Enter your mailing address and telephone number.
- PART 7** Enter in the Social Security number of the adult filling out the application. If you do not have a Social Security Number, place an X in the box provided.
- PART 8** SIGN and ENTER the name of the adult filling out the application and write in the date.

CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Please provide the following information, which is used to determine the institution's compliance with civil rights laws. If the information is left blank, a representative of the institution is required to identify the ethnic and racial categories of participants for civil rights reporting.

INCOMPLETE, DIFFICULT TO READ, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS.

NOTICE: If you currently receive Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Food Support (SNAP), MFIP, or FDPIR, your enrolled child(ren) may be eligible for free meals. Medical assistance does not qualify.

APPLY FOR BENEFITS: You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for SNAP, MFIP or FDPIR benefits, you may complete an application at that time.

NON-DISCRIMINATION: Children who receive free or reduced priced meals must be treated in the same manner as those children who pay full price for their meals.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or (2) fax to (202) 690-7442; or (3) email to program.intake@usda.gov. This institution is an equal opportunity provider.

VERIFICATION: If you submit an application and it is approved, the application may be verified by the district and/or the MN Department of Education at any time during the school year. School officials may require documentation that your child(ren) are eligible for free or reduced-price meals. Your child's eligibility status for free or reduced-price meals may be verified with any data available for this purpose, including data from MN Departments of Economic Security, Revenue, and Human Services.

SOCIAL SECURITY NUMBER: The application must have the social security number of the adult who signs. This is required by the National School Lunch Act. If the adult does not have a social security number, check the box provided to show that the adult does not have a Social Security number. If a Food Stamp, MFIP or FDPIR case number for the child is listed, or if the application is for a foster child, a Social Security Number is not needed.

PRIVACY ACT STATEMENT / HOW INFORMATION IS USED: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information, but if you do not we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require your written consent before sharing information for other purposes.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (MDE) as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 2 to not share information for that purpose.

FAIR HEARING: You may talk to school officials if you do not agree with the decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing: Tom Pellegrino, 11200 93rd Avenue North, Maple Grove, MN 55369, (763) 391-7064.

INCOME TO REPORT

Income from work:	Include total wages, salaries, and tips received from work before taxes and other deductions. Include net income from self owned business, daycare, or farm.
Income from welfare, child support, and alimony:	Include total amount received from public assistance, child support, adoption assistance, and alimony.
Income from pension, social security and disability:	Include total amount received from pension, retirement benefits, veteran's payments, social security, supplemental security income (SSI), and disability.
Income from other sources:	Include total amount received from all other sources including: cash withdrawn from savings; rental income; unemployment income; regular contributions from persons not living in the household; interest; dividends; income from estates, trusts, royalties, annuities, and investments.

Incomplete, difficult to read or incorrect applications will delay meal benefits. Until your application is processed, you will need to provide a lunch for your child(ren) or give them money to purchase school meals.

PLEASE ALLOW 10 WORKING DAYS FOR ELIGIBILITY DETERMINATION. We will notify you in writing of your status (free, reduced, or denied). If you have any questions, please call the Nutrition Center at (763) 391-7129 - 7:00a.m. to noon on school days.

We cannot accept faxed copies. Please send the original. Child Nutrition Programs will tell you when your application is approved for free or reduced price meals or is denied. We do not fax eligibility letters due to data privacy.

INCOME ELIGIBILITY GUIDELINES

Use the income chart below to see if you qualify for the free or reduced price meal program.
Effective July 1, 2016 - June 30, 2017

Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,932	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,591	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member add:					
	\$7,696	\$642	\$321	\$296	\$148

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).
USDA is an equal opportunity provider and employer."