Dear Parent/Guardian:

Our school provides healthy meals each day. **Lunch costs:** H.S. $2.70, M.S. $2.70, E.S. $2.55

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.

Return your completed Application for Educational Benefits to:

Hermantown School District –Attn: Food Service
4335 Hawk Circle DR
Hermantown, MN 55811

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.

**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 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 218-729-8874 x6020

Sincerely,

Lynda Nikko, Director of Food Service

“All will learn well and succeed”

4307 Ugstad Rd., Hermantown, MN 55811 | P (218) 729-9313 | F (216) 729-9315 | hermantown.k12.mn.us
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.

**Maximum Total Income**

<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>
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<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>
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<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

#### Section 1: Family Information

- **Date:**
- **Parent/Guardian Signature:**

#### Section 2: Household Income

- **Household Size:**
- **Monthly Income:**
- **Education Level:**
- **Employment Status:**
- **Supplemental Income:**

#### Section 3: Child Information

<table>
<thead>
<tr>
<th>Child #</th>
<th>First Name</th>
<th>Last Name</th>
<th>Grade</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Additional children may be listed on the back of the form. Please fill out all relevant sections.
This institution is an Equal Opportunity Provider.

(1) Name (First Last)

(2) Address

(3) Phone

(4) Email

(5) Date of Graduation

(6) Courses taken to date

(7) Employment history

(8) Skills and Abilities

If you need additional space, please attach a sheet of paper.

If you have any questions, please contact us.

To the Program Coordinator of Distribution:

You have two options:

1. Complete the LSCA Program Distribution Form (APP-27) found online at https://www.lsc.state.mn.us/pdfs/distribution/program_distribution_form.pdf

2. Contact your local office of Workforce Innovation at your local Workforce Center.

If you choose option 2, please complete the following:

Name of Program Coordinator

Office Phone Number

Office Location

Your Signature

Date

Instructions: Sources of Income

Optional: Children's Legal and Estimated Expenses

Sources of Income for Adults

- Housing
- Food and clothing
- Transportation
- Child care
- Health care
- Other

Sources of Income for Children

- Child care
- Food
- Housing

Examples:

- Child care
- Food
- Housing