



# Minnesota Internship Center Charter School

2507 Fremont Avenue North Minneapolis, MN 55411

June 2014

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast is free; lunch costs \$3.15. Your children may qualify for free meals. New this year: Students who qualify for reduced-price school meals will receive free lunches and breakfasts.

To apply for free school meals, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. If you don't qualify now, you may apply at any time during the school year. Your application also helps our school qualify for education funds and discounts.

Return your completed Application for Educational Benefits to the enrolling staff at the school.

**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 children can get free school meals without reporting household income. Also, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

**Do foster children qualify for free meals?** Yes, foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income. Complete an application identifying the children who are in foster care.

**I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free meals. Please fill out an application.

**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 meals.

**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).

**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.

**How will the information I provide be kept?** Information you provide on the form, and your child's approval for school meal benefits, will be protected as private data. See the back page of the Application for Educational Benefits for more information about how the information is used.

**Will the information I give be checked?** Yes, and we may also ask you to send written proof. If you have other questions or need help, call 612-414-4777.

Sincerely,

Amy Libman, Director of Support Services

## Instructions for Completing the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2014-15 if any of the following apply 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
- One or more children in the household are foster children (a welfare agency or court has legal responsibility for the child), or
- Total household income (gross earnings, not take-home pay) is within these guidelines:

### Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Additional	7,511	626	313	289	145

### Children and Foster Status

- List all children in the household in Section 2. Check the box if a child is in foster care.
- Include any regular income, for example SSI, to children other than foster children. Do not list occasional earnings like babysitting.

**Case Number** Complete Section 3 if any household member currently participates in one of the programs listed in that section. If Section 3 is completed, skip Section 4 (adult names and incomes).

**Adults / Incomes** In section 4, list all adult household members, whether related or not (such as grandparents, other relatives, or friends). Include an adult who is temporarily away, such as a student away at college. Do not complete Section 4 if a case number was provided in Section 3, or if the application is for foster children only.

For each adult household member, list their gross incomes (not take-home pay) and how often each income is received. For example write in "W" for weekly income or "BW" for bi-weekly (every two weeks).

- List gross incomes before deductions.
- For farm/self-employment income only, list net income after subtracting business expenses.
- If an income varies, list the amount usually received. Include overtime if it is usually received.
- Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits.
- Check the "No Income" column after a person's name if they have no income.

Do not include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

**Signature** The form must be signed by an adult household member in section 6.

**Last Four Digits of Social Security Number** The person signing the application must provide the last four digits of their Social Security number in Section 6. The Social Security number is not needed if a qualifying case number is provided in Section 3, or all children in the household who need school meal benefits are foster children, or the person signing the application does not have a Social Security number and has indicated this in Section 6.

**Application for Educational Benefits**

**School Meal Benefits • School Year 2014-15 • State and Federally Funded Programs**

1.  Check here if this is the first application at this school district or nonpublic school for any child listed below.

2. **Names of all Children in Household including Foster Children.** Attach additional page if necessary.

Last Name	First Name	Date of Birth Month/Day/Year	Grade	School	✓ if Foster Child*	Any Regular Income to Child Example: SSI
		___/___/___			<input type="checkbox"/>	\$___ per ___
		___/___/___			<input type="checkbox"/>	\$___ per ___
		___/___/___			<input type="checkbox"/>	\$___ per ___
		___/___/___			<input type="checkbox"/>	\$___ per ___
		___/___/___			<input type="checkbox"/>	\$___ per ___

**3. Benefits (if applicable)**

If any household member receives benefits from a program listed below, write in the name of the person and case number, check the appropriate box, and skip Section 4.

Name _____	Case Number _____
<input type="checkbox"/> Minnesota Family Investment Program (MFIP)	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/> Food Distribution Program on Indian Reservations	
- Medical Assistance and WIC do not qualify -	

\* Child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 3 and 4.

**4. Names of all Adults in Household (all household members not listed in Section 2) and Incomes**

Include all adults living in your household, related or not. Write in each gross income and how often it is received: **weekly (W)**, **bi-weekly (every other week) (BW)**, **twice per month (TM)**, **monthly (M)**. **Do not write in hourly pay.** If income fluctuates, write in the amount normally received. Attach additional page if necessary.

Last Name	First Name	✓ if NO income	Gross Wages/Salaries—all jobs (before deductions)	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including net Farm/Self-Employment
		<input type="checkbox"/>	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___
		<input type="checkbox"/>	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___
		<input type="checkbox"/>	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___

5. If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information.  Do not share information for this purpose.

6. **I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made for school meal benefits paid for with federal funds, that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.**

Signature of Adult Household Member (required) \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security number – last 4 digits (required if Section 4 is completed): \*\*\* - \*\* - \_\_\_\_\_ OR  I don't have a Social Security number

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Office Use Only**

Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Approved (check all that apply):  Case Number – Free  Foster – Free  
 Income – Free  Income – Reduced-Price  
 Denied:  Incomplete  Income Too High  Other: \_\_\_\_\_  
 Signature – Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Change Status To: \_\_\_\_\_ Reason: \_\_\_\_\_ Withdrawn: \_\_\_\_\_

**Office Use Only**

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_  
 Result:  No Change  Free to Reduced-Price  Free to Paid  
 Reduced-Price to Free  Reduced-Price to Paid  
 Reason for Change:  Income  Case number not verified  
 Foster not verified  Refused Cooperation  Other:  
 Signature – Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature – Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

### **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 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 is not required when you apply on behalf of a foster child, or you list a number for the Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) 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 if your child qualifies for free school meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your information with education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Children who qualify for free school meals may qualify for Minnesota Health Care Programs. Your child's status for school meals may be shared with Minnesota Health Care Programs unless you tell us not to share your information by checking the box in Section 5 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

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 as required by state law. The Minnesota Department of Education 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.

### **Nondiscrimination Statement**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, [complete the USDA Program Discrimination Complaint Form](#), found online at [USDA Complaint Filing website](#), 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](mailto: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 (Spanish). USDA is an equal opportunity provider and employer.

### **Children's Ethnic and Racial Identity (Optional)**

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

1. Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

2. Choose one or more races (regardless of ethnicity):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Revised April 2014