

Please return completed form to:  
**Nutrition Services Department**  
**School District 622**  
**2520 East 12<sup>th</sup> Avenue**  
**North St. Paul, MN 55109**

*It is the Parent's responsibility to pay for meals prior to approval of this application.*

**School Year 2007-2008**

**APPLICATION for EDUCATIONAL BENEFITS**

**Free and Reduced-Price School Meals State and Federally Funded Programs For Schools**

*Please complete a new form  
each school year. No fax  
copies – must send original*

- Check here if this is the first school meal application for any child listed below.
- Check one box:  I have listed below *all children* in the household, from birth through high school, *except* foster children. Attach an additional page if necessary.  
 I have listed below a *foster child* in my care (who is the legal responsibility of a social services agency or court). Complete a separate application for each foster child. Do not combine foster children and other household children on the same application. Include in the last column any foster care funds that are specifically for the child's personal use. If no foster care funds have been designated for foster child's personal use, write in "none".

Names of All Children In Household except Foster Children <i>Or Name of One Foster Child</i>		Date of Birth	Grade	School	If applicable Case Number (MFIP, Food Stamps, or FDPIR Only)	If applicable SSI or Other Regular Income to Child
First Name	Last Name	Month/Day/Year	(PreK - 12 <sup>th</sup> )			
1		___/___/___				\$ ___ per ___
2		___/___/___				\$ ___ per ___
3		___/___/___				\$ ___ per ___
4		___/___/___				\$ ___ per ___
5		___/___/___				\$ ___ per ___
6		___/___/___				\$ ___ per ___

- List *all adults* in the household, *all incomes*, and *how often* each income is received. Attach an additional page if necessary. Skip this part only if all children applying for school meal benefits in the previous section have MFIP or Food Stamp or FDPIR numbers, or if this application is for a foster child.

Names of All Adults in Household		Check this column if person has NO INCOME	Incomes				
First Name	Last Name		Write in each income <i>and</i> how often it is received: <b>weekly, bi-weekly</b> (every 2 weeks), <b>twice per month, monthly, or yearly</b> . If income fluctuates, write in the amount normally received.				
			Gross Wages and Salaries	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including <i>net</i> Farm/ Self-Employment
<b>Example</b> Jane	Smith		\$500 per month	\$150 per month	\$200 per month	\$ ___ per ___	\$ ___ per ___
1			\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___
2			\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___
3			\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___

- I certify that the information provided on this application is true and correct. Because federal and state funds may be paid on the basis of this information, I understand that school and state officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws.

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

Social Security number (required if Part 3 is completed): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR  I don't have a Social Security number

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

Total Household Size: _____ Total Household Income: _____ Or Household Receives: MFIP / Food Stamps / FDPIR Approved: Free _____ Reduced-Price _____ Temporary until _____, _____, _____ Denied: Incomplete _____ Income Too High _____ Other: _____ Signature of Determining Official: _____ Date: _____ Withdrawn: _____ Change Status To: _____ Reason: _____	<b>Office Use Only</b>
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Date Verification Sent: _____ Response Due: _____ 2 <sup>nd</sup> Notice Sent: _____ Result: No Change _____ Free to Reduced-Price _____ Free to Paid _____ Reduced-Price to Free _____ Reduced-Price to Paid _____ Reason for Change: Income _____ Household Size _____ Change in Benefits _____ Refused Cooperation _____ Other: _____ Date 'Notice of Change' Sent: _____ Signature of Verifying Official: _____ Date: _____	<b>Office Use Only</b>
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### **Social Security Number / Complete Application**

The National School Lunch Act requires that unless an MFIP, Food Stamp or FDPIR assistance number is supplied for your child or you are applying for a foster child, the household member signing the application must provide their Social Security number or indicate that they do not have a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not given, or an indication is not made that the signer does not have such a number, the application cannot be approved.

To be complete, an application based on public assistance must include children's names, assistance numbers, and signature of an adult household member. A complete application based on household income must include the names of all household members, the amounts of income received by all adult household members, the signature of an adult household member, and the Social Security number of the household member completing the application. A complete application for a foster child must include the child's name, the amount of any income received for the child's personal use, and the signature of an adult household member.

### **Verification**

The school and the MN Department of Education may use the information provided on this form in carrying out efforts to verify the correctness of household size and income and public assistance information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting state agencies such as the MN Departments of Economic Security, Human Services, or Revenue to verify income or current approval for public assistance. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### **Privacy of Information That You Provide on This Form**

Information that you provide on this form is private data. The information is used to determine and verify whether children in your household qualify for free or reduced-price school meals. Your information may be released without household consent only to another organization that provides a USDA child nutrition program (National School Lunch Program, School Breakfast Program, Summer Food Service Program, Child and Adult Care Food Program, Special Milk Program) to your child. The information you provide on this application is not released for any other purpose unless a parent or guardian requests the release in writing.

### **Privacy of Your Child's Eligibility Status**

Your child's eligibility status for school meals (qualified for "free," "reduced-price," or "paid" meals) is private data used by the school to provide the correct school meal benefit to your child. At public school districts, each student's eligibility status is recorded on a statewide computer system used to report student data to the MN Department of Education as required by state law. The MN 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.

Federal law allows a school to release a child's meal eligibility status to officials of the following types of programs without household consent: (1) federal education program, (2) state health or education program administered by the school or a state agency, and (3) federal, state, or local nutrition program that has participation requirements similar to the National School Lunch Program. School officials may send information about other programs or benefits that may be of interest to households that have qualified for free or reduced-price school meals. School meal eligibility information is also used for statistical reports, without individual identification. A child's eligibility status will not be released for any other purpose unless a parent or guardian requests the release in writing.

### **Civil Rights Survey (voluntary)**

- 1. Ethnicity** (check one):     Hispanic or Latino     Not Hispanic or Latino
- 2. Race** (check one or more):     American Indian or Alaskan Native     Asian     Black or African American  
    Native Hawaiian or Other Pacific Islander     White

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.*