



Application for Educational Benefits – School Year 2017-18

School Meals • State and Federally Funded Programs

Return form to:
 Nutrition Services
 7362 E Point Douglas Rd S
 Cottage Grove, MN 55016

Step 1 List all infants, children & students through grade 12 in the household, even if not related. If more space is needed, attach additional sheet.

| Child's First Name | MI | Child's Last Name | Birthdate | School | Grade | Foster Child? <small>(An agency or court has legal responsibility for the child.) If yes, fill in the circle.</small> |
|--------------------|----|-------------------|-----------|--------|-------|--|
| | | | | | | <input type="radio"/> |
| | | | | | | <input type="radio"/> |
| | | | | | | <input type="radio"/> |
| | | | | | | <input type="radio"/> |
| | | | | | | <input type="radio"/> |

Step 2 Do any Household Members currently participate in any of these programs – **SNAP, MFIP or FDIPIR?** If **No** > Go to STEP 3.
 (Medical Assistance and WIC do not qualify.)

If **Yes** > Write in the **CASE NUMBER** here and check the program

SNAP **MFIP** **FDPIR.**

Then go to STEP 4.

Step 3 A. List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you answered “yes” to STEP 2 or if all participants are foster children.)

| Adults – Full Name <small>For the purpose of school meal benefits, the members of your household are “Anyone who is living with you and shares income and expenses, even if not related.” List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.</small> | Gross Pay from Work <small>Do not write in an hourly wage.</small> | | | | Net income from Farm or Self-Employment after business expenses. State if annual or monthly. | Public Assistance, Child Support, Alimony | | | | All Other Incomes | | | | | | |
|--|--|-----------------------|-----------------------|-----------------------|---|--|--------------------|-----------------------|-----------------------|--------------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | Gross pay before deductions (not take-home pay). | Weekly | Bi-Weekly | 2x Month | | Monthly | Payments received. | Weekly | Bi-Weekly | 2x Month | Monthly | Pension, retirement, disability, unemployment, Veterans benefits, etc. | Weekly | Bi-Weekly | 2x Month | Monthly |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages? **C.** Last four digits of signer's Social Security Number (SSN) or no SSN (required):

TOTAL incomes to children, if any: \$

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Weekly | Bi-Weekly | 2x Month | Monthly |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|
| X | X | X | - | X | X | - | | | | |
|---|---|---|---|---|---|---|--|--|--|--|

Or I don't have a SS #

Step 4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws. The information I provide may be shared with Minnesota Health Care Programs as allowed by state law, unless I have checked this box: **Do not share my information with Minnesota Health Care Programs.**

Signature of Adult Household Member (required) _____ **Print Name:** _____ **Date:** _____
Address: _____ **City** _____ **Zip** _____ **Home Phone:** _____ **Work Phone:** _____

Office Use Only Total Household Size: _____ Total Income: \$ _____ per _____

Approved: Case Number – Free Foster – Free Income – Free Income – Reduced-Price Denied: Incomplete Income Too High

Signature of Determining Official: _____ Date: _____