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? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.
						○
						○
						○
						○
						○

Step 2 **Do any Household Members currently participate in any of these programs – SNAP, MFIP or FDPIR?** 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 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.	**Gross Pay from Work** *Do not write in an hourly wage.*					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
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○

B. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?

TOTAL incomes to children, if any:

$	Weekly ○	Bi-Weekly ○	2x Month ○	Monthly ○

C. Last four digits of signer's Social Security Number (SSN) or no SSN (required)**:**

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: _____