

Free or Reduced-Price School Meals / State and Federally Funded Programs for Schools  
**APPLICATION FOR EDUCATIONAL BENEFITS/MEALS**  
 2011-2012 School Year

<b>A NEW APPLICATION MUST BE SUBMITTED EACH YEAR</b> Original applications only. No faxed or photocopies accepted. Data Privacy information is found on the other side of this page.	<b>Please return completed form to:</b> Child Nutrition Office, Northfield School District 1400 Division Street S., Northfield, MN. 55057
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Check if you are applying for a **FOSTER CHILD** (a child who is the legal responsibility of a social services agency or court).  
 Does foster child receive funds designated specifically for child's personal use? No \_\_\_ Yes \_\_\_ Amount \$ \_\_\_\_\_.  
**Each foster child must have a separate application. Do not combine foster children and other children on this form.**

Names of ALL Children in Household From BIRTH through HIGH SCHOOL or name of <u>one</u> foster child (Legal Names Only) First Name                      Last Name	Date of Birth <i>Month/Day/Year</i>	Gender  Circle one	Grade  PreK to 12	Name Of School	If applicable, amount of regular income to child. (for example SSI)	If any household member has an active <b>Case Number</b> please record number below:  _____ MFIP _____ Food Stamps _____ FDPIR Medical Assistance does NOT qualify.
1		M F				
2		M F				
3		M F				
4		M F				
5		M F				
6		M F				

**2.** List **all adults** in the household, **all incomes**, and **how often** each income is received. Attach an additional page if necessary.  
 Skip this part if all children applying for meal benefits have MFIP, food stamp or FDPIR numbers, or if this is for a foster child.

Names of <u>All Adults</u> in Household  Include all related and unrelated people sharing housing and/or expenses including college students away at school.  First Name                      Last Name	All Incomes Write in each income <u>and</u> how often it is received: weekly (W), bi-weekly (every 2 weeks) (Bi-W), twice per month (T), monthly (M), or yearly (Y). Do <u>not</u> report yearly income unless you are self employed. If reporting an hourly wage, you must also indicate how many hours per week you work. If unsure how to report your income, you may attach a recent check stub.					
	Gross Wages And Salaries (not take home pay)  <i>Example: \$1150 per Bi-W</i>	Pension SSI Veteran's Social Security	Unemployment Worker's Comp Strike Benefits  <i>Example: \$200 per week (W)</i>	Child Support Alimony Public Assistance	Any other income, including net farm or self employment	Check if person has NO income
	per	per	per	per	per	
	per	per	per	per	per	
	per	per	per	per	per	
	per	per	per	per	per	

**3.** If your children are approved for school meal benefits, this information may be shared with MinnesotaCare and General Assistance Medical Care programs to identify children eligible for Minnesota health insurance programs. See back page for more information. Leave boxes blank to allow sharing of information.  Do not share with MinnesotaCare insurance program  Do not share with General Assistance Medical Care program.

**4.** 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 officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws.

\_\_\_\_\_ or  I do not have a Social Security #.  
**Signature** of adult household member (required)                      **Social Security Number** (required if Section 2 is completed)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
**Printed Name** of adult household member                      **Home Telephone Number**                      **Work/Cell Telephone Number**

\_\_\_\_\_ **Street Address**                      \_\_\_\_\_ **Apartment #**                      \_\_\_\_\_ **City**                      \_\_\_\_\_ **Zip Code**                      \_\_\_\_\_ **Date**

**OTHER FINANCIAL ASSISTANCE:** Please sign here if you authorize Child Nutrition to disclose your eligibility status to other school officials for the purpose of receiving a waiver or discounted fees for school related activities including sports fees, field trip costs, instrument rentals, or college entrance exam fees. This authorization is effective for the current school year only and has no effect in determining your eligibility. Parent signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>					
Total Household Size _____	Total Household Income \$ _____	MFIP/Food Stamps/FDPIR _____	Foster _____		
Approved Free _____	Approved Reduced _____	Temporary _____	Until _____		
Denied _____	Incomplete Application _____	Income Too High _____	Other: _____	Status Change Date _____	
Signature of Determining Official _____	Date _____	Reason: _____			

### Children's Ethnic and Racial Identities (Optional)

This information is requested solely for the purpose of determining compliance with federal civil rights laws, and will not affect your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

**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 Adjudication, 1400 Independence Ave SW, Washington D.C. 20250-9410 or call (866) 632-9992 or (800) 877-8339 (TTY); or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.*

### Requirement to Provide Social Security Number / Complete Application

The National School Lunch Act requires that unless an MFIP, Food Stamp or FDIPIR 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 the 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 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 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. 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 child'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 programs, (2) state health or education programs administered by the school or a state agency, (3) federal, state, or local nutrition programs that have 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. Please refer to "New Information Regarding Other Financial Assistance" at the bottom of this page.

### Sharing Information with MinnesotaCare and General Assistance Medical Care Programs

Children who are eligible for free and reduced-price school meals may be eligible for Minnesota health insurance programs. Your child's eligibility status for school meals (qualified for free or reduced-price meals) may be shared with the MinnesotaCare and General Assistance Medical Care programs unless you tell us not to share your information by checking the boxes in section 3 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

**Check the boxes on the front of this form only if you do NOT want your eligibility information shared for these programs.**

**NEW INFORMATION REGARDING OTHER FINANCIAL ASSISTANCE.** Please refer to the bottom section of the application form where parents can sign to allow release of eligibility information for purposes other than free/reduced meals. If signed, you are authorizing the Child Nutrition Department to disclose your status for the purposes listed. It is your responsibility to inform the school official in charge of the activity that you receive meal benefits. They will then contact us for verification of your eligibility. Please call 507-645-3432 if you have any questions.

### FOR OFFICE USE ONLY

#### VERIFICATION STATUS

Date Verification Notice Sent \_\_\_\_\_ Response Due from Household \_\_\_\_\_ 2nd Notice Sent \_\_\_\_\_  
Result: No Change \_\_\_\_\_ Free to Reduced-Price \_\_\_\_\_ Free to Paid \_\_\_\_\_ Reduced-Price to Free \_\_\_\_\_ Reduced-Price to Paid \_\_\_\_\_  
Reason for Change: Household Size \_\_\_\_\_ Income \_\_\_\_\_ Change in Benefits \_\_\_\_\_ No Response \_\_\_\_\_  
Other: \_\_\_\_\_ Date 'Notice of Change' Sent: \_\_\_\_\_  
Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_