Westonka Public Schools
Food & Nutrition Services
5905 Sunnyfield Road East (MWHS)
Minnetrista, MN 55364
952.491.8088/491.8084

100 YEARS CELEBRATING A CENTURY AND BEYOND

Dear Parent/Guardian:

Your children may qualify for free meals. ***Please note that families MUST reapply for Educational Benefits (free or reduced meals) each school year.*** To apply for free school meals, complete the enclosed Application for Educational Benefits following the instructions. This also helps our school qualify for additional education funds and discounts. ***Families that qualified for Education Benefits in the 16-17 school year will be placed on a temporary free or reduced status until the end of the day on Monday, October 16, 2017.***

Westonka Public Schools provides healthy meals each day. Meal prices for 2017-2018 are:

Student Meals (includes 1 milk)	Breakfast	Lunch
Kindergarten	No Cost	$2.70
PK, Grades 1-4	.85¢	$2.70
Grandview Middle School	.85¢	$2.85
Mound Westonka High School	.85¢	$2.90
Our Lady of the Lake	N/A	$3.00
Free/Reduced Meals	No Cost	No Cost
Milk sold separately for .50¢		

Return your completed Application for Educational Benefits to Food & Nutrition Services, 5905 Sunnyfield Road East, Minnetrista, MN 55364 or e-mail to baileyd@westonka.k12.mn.us. Keep in mind that families may apply for free or reduced meals at any time throughout the school year. However, at the beginning of the school year, we ask that families return the completed form by Friday, August 25, 2017.

By filling out this application, your student/family may be eligible for the following benefits:

- Breakfast and Lunch at NO COST
- Access to Westonka Community Grants for activities (until funds run out)
- Reduced Activity Fees
- MN Science Museum - reduced/waived fees
- College Applications - reduced/waived fees
- Free ACT
- Four Free Transcripts
- Free AP testing
- And possibly more!!!

If you have questions or need help, contact 952.491.8084 or 952.491.8088.

Sincerely,
Laura Metzger
Director, Food & Nutrition Service
fn:I/FS/Forms/17-18 1.application.letter.english3

How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2017-18 if any of the following applies 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***
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child). ***or***
- The total income of household members is within the guidelines shown below (gross earnings before deductions, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2017 through June 30, 2018.

Maximum Total Income					
Household Size	$ Per Year	$ Per Month	$ Twice Per Month	$ Per 2 Weeks	$ Per Week
1	22,311	1860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Add for each additional person	7,733	645	323	298	149

Step 1: Children List all infants and children in the household, their birthdate and, if applicable, their grade and school. Attach an additional page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child). Please provide the requested information on ethnicity and race for each child. This information is not required and does not affect approval for school meal benefits. The information helps to make sure we are meeting civil rights requirements and fully serving our community.

Step 2: Case Number Circle Yes or No to show whether any household member currently participates in any of the three assistance programs listed in Step 2. If you answer Yes, write in the case number and go to Step 4 (skip Step 3). If you answer No, continue on to Step 3. WIC and Medical Assistance (M.A.) do not qualify for this purpose.

Step 3: Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults. For seasonal work, write in the total annual income.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.

Step 4 B & C: 4 Digits of Social Security Number & Child Wage

- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

Step 5: Signature and Contact Information An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Minnesota Department of Education

Application for Educational Benefits – School Year 2017-18
School Meals • State and Federally Funded Programs

YEARS

Step 1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another 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.	Optional - Is the child Hispanic / Latino? If yes, fill in the circle.	Optional - Racial Identity * Fill in one or more circles for each child. American Indian	Asian	African American	Pacific Islander	White
						○	○	○	○	○	○	○
						○	○	○	○	○	○	○
						○	○	○	○	○	○	○
						○	○	○	○	○	○	○

* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

Step 2

Do any Household Members currently participate in any of the following assistance programs? If Yes, complete STEP 2, if No > Go to STEP 3

If Yes, check the program: ☐ SNAP ☐ MFIP ☐ FDPIR . (Medical Assistance and WIC do not qualify.) | If Yes > Write in the CASE NUMBER, 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.* Gross pay before deductions (not take-home pay).	Weekly	Bi-Weekly	2x Month	Monthly	Net income from Farm or Self-Employment after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony Payments received.	Weekly	Bi-Weekly	2x Month	Monthly	All Other Incomes Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○

Step 4

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

List Total SSI or Wage (Income) of Children, if any:

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

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

XXX-XX-____ or ☐ I don't have a Social Security Number

Step 5 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. . Food Service will share household eligibilities with school administrators & guidance offices for scholarship purposes. **Opt out by checking ☐ Do *not* share my information with school administrators & guidance staff.**

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

Address: _____ City _____ Zip _____ Home Phone: _____ Email: _____

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: _____

Is this form required?

This form must be completed to apply for free or reduced-price school meals, unless:

(1) Your school provides free school meals to all students without applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or

(2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR).

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 or reduced-price 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 are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We *may* share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

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 (MDE) as required by state law. MDE 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.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 4 to not share information for that purpose.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA *Program Discrimination Complaint Form* (AD-3027) found online at: *http://www.ascr.usda.gov/complaint_filing_cust.html*, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed discrimination complaint form or letter to USDA by: (1) Mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or (2) Fax to (202) 690-7442 or (3) Email to *program.intake@usda.gov*. This institution is an equal opportunity provider.

Office Use Only: Verification

Date Verification Sent: _____ Response Due: _____ 2nd 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 of Confirming Official: _____ Date: _____ Signature of Verifying Official: _____ Date: _____