



# Intermediate School District 917

Dakota County Low Incidence Special Education Programs

Director of Special Education: Melissa Schaller

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.45; lunch costs \$2.25.

Your children may qualify for free or reduced-price meals. Reduced price is .40 for lunch. "Reduced-price" breakfasts are served at no charge. To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. Your application also helps our school qualify for additional education funds and discounts. Return your completed Application for Educational Benefits to: **Special Education Office, District 917, 1300 145<sup>th</sup> Street, Rosemount, MN 55068.**

**Who can get free or reduced-price meals?** Children in households participating in Food Support (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and foster children can get free school meals without reporting household income. Also, children can get free or reduced-price meals if their household income is within the maximum income shown for the household size. An application must be submitted each school year.

**Can foster children get free meals?** Yes, foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income.

**I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price meals.

**If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your income goes down, household size goes up, or if you start getting Food Support (SNAP), MFIP, or FDPIR benefits.

**Who should I include as members of my household?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include a household member who is temporarily away, such as a college student. Do not include a person who is economically independent and pays their full pro-rated share of all expenses.

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

**Are military housing and supplemental allowances counted as income?** Do not include any housing allowance from the Military Housing Privatization Initiative or a Family Subsistence Supplemental Allowance. Include the portion of a deployed service member's income that is made available to the household, except do not include combat pay or Deployment Extension Incentive Pay.

**How will the information I provide be kept?** Information you provide on the form, and your child's approval for school meal benefits, will be protected as private data. See the back page of the Application for Educational Benefits for more information.

**Will the information I give be checked?** Yes and we may also ask you to send written proof.

**What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing.

**Do I need to notify school officials if my income increases or my household size decreases after I have qualified for free or reduced-price meals?** No. Approval for free or reduced-price meals is good for the school year unless the household has received a temporary approval for school meal benefits.

If you have other questions or need help, call 651-423-8255.

Sincerely,

*Melissa Schaller*

Melissa Schaller  
Director of Special Education

## Instructions for Completing the *Application for Educational Benefits*

Complete an application if one or more of the following apply to your household:

- Any member of the household currently participates in any of these three programs: *Minnesota Family Investment Program (MFIP)*, *Food Support (SNAP)*, or *Food Distribution Program on Indian Reservations (FDPIR)*.
- One or more children in the household are *foster children* (a welfare agency or court has legal responsibility for the child).
- *Total household income* (gross earnings, *not* take-home pay) is within these guidelines:

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional household member add:	7,067	589	295	272	136

**Section 1** Check the box if this is the first time that you have applied for meal benefits for any of your children at this school district or nonpublic school.

**Section 2** List all children in the household, including foster children, and provide the requested information for each child. List any regular incomes to children such as SSI payments or regular earnings. Do not list occasional earnings like babysitting.

*Foster children:* check the “foster child” box for each child who is a foster child (a welfare agency or court has legal responsibility for the child). If all children who need to be approved for school meal benefits are foster children, skip sections 3 and 4.

**Section 3** If any member of the household receives public assistance from any of the following three programs, write in the person’s name and case number: *Minnesota Family Investment Program (MFIP)*, *Food Support (SNAP)*, or *Food Distribution Program on Indian Reservations (FDPIR)*. If section 3 is completed, skip section 4. A Medical Assistance number does *not* qualify for this purpose.

**Section 4** Write in all adult household members and all incomes. Include all adult persons who live in the household whether related or not. Also include any persons who are temporarily away, such as a student away at college.

For earnings, list *gross income before taxes and other deductions*, not take home pay. You should be able to find your gross income on your pay stub. For *farm/self-*

*employment income only*, list net income after business expenses. Write in how often each income is received: Weekly (W), Bi-Weekly (every other month) (BW), Twice per Month (TM), or Monthly (M). Do *not* write in an hourly wage.

Examples of “other income” to include in the last column are farm or self-employment income, Veterans (VA) benefits, and disability benefits.

*Do not include as income:* foster care payments, federal education benefits, or assistance provided by MFIP, Food Support (SNAP), WIC or FDPIR. Military: Do *not* include income from the Military Privatized Housing Initiative or combat pay.

**Section 5** Leave these boxes blank if you want to share your school meal eligibility status with these health benefit/insurance programs. Check the boxes if you do not want to share your eligibility status with these programs.

**Section 6** The form must be signed by an adult household member. If section 4 of the application has been completed, the signer must provide the last four digits of their Social Security number unless they indicate that they do not have a Social Security number. Provide address and phone number to assist in processing your application.

Also please provide voluntary racial/ethnic information requested on the back page of the form.

