

2019 - 2020 ISD 279 OSSEO AREA SCHOOLS Application for Educational Benefits/Free or Reduced Price Meals

DATE RECEIVED

PLEASE READ ALL INSTRUCTIONS. COMPLETE ONE APPLICATION PER HOUSEHOLD.

1 Supplemental Nutrition Assistance Program (SNAP), MFIP, or FDIPIR Benefits If you now receive Food Support (SNAP), MFIP, or FDIPIR benefits, list a current CASE number and check the program. **NOT MEDICAL ASSISTANCE OR WIC.**

SNAP MFIP FDIPIR

2 If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children eligible for Minnesota Health Care Programs. See instructions for more information. Leave the box blank to allow sharing of information. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

Do not share my information with Minnesota Health Care Programs

3 **STUDENT INFORMATION:** Enter the birth date, last and first name, along with the grade and school of EACH STUDENT in the household that attends an ISD 279 Osseo Area Schools. If any income is received by or for a student please enter it in the column for Student's Income.

Nutrition Center Use Only	Student's Birth Date	Student's Last Name	Student's First Name	Grade	School Name	INCOME:	How Often?
	MM DD YY					\$ \$ \$ \$	<input type="radio"/> W (2W) <input type="radio"/> M (2M)
	MM DD YY					\$ \$ \$ \$	<input type="radio"/> W (2W) <input type="radio"/> M (2M)
	MM DD YY					\$ \$ \$ \$	<input type="radio"/> W (2W) <input type="radio"/> M (2M)
	MM DD YY					\$ \$ \$ \$	<input type="radio"/> W (2W) <input type="radio"/> M (2M)
	MM DD YY					\$ \$ \$ \$	<input type="radio"/> W (2W) <input type="radio"/> M (2M)
	MM DD YY					\$ \$ \$ \$	<input type="radio"/> W (2W) <input type="radio"/> M (2M)

4 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 3 and their income(s) in whole dollars. If a person has no income, write in 0 or leave blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.

ALL OTHER HOUSEHOLD MEMBERS: DO NOT INCLUDE THE CHILDREN LISTED ABOVE. Indicate Income frequency (M = Monthly, W = Weekly, 2W = Every Other Week, or 2M = Twice a Month) by filling in the appropriate circle.

LAST NAME, FIRST	Gross Pay from Work. Do not write in an hourly wage. Gross pay before deductions (not take-home pay). Income Frequency	Farm or Self-Employment. Net Income after business expenses. Income Frequency	Public Assistance, Child Support, Alimony Payments received. Income Frequency	All Other Incomes: Pension, retirement, disability, unemployment, Veterans benefits, etc. Income Frequency
LAST NAME, FIRST	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)
LAST NAME, FIRST	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)
LAST NAME, FIRST	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)
LAST NAME, FIRST	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)	\$ \$ \$ \$ <input type="radio"/> W (2W) <input type="radio"/> M (2M)

Did you know that if you qualify for free or reduced meals, you may also receive free or reduced fees for other school related programs? If you check this box: Child Nutrition will be able to disclose your free/reduced meal eligibility to other appropriate school officials for the purpose of receiving assistance or a waiver for other school related programs. By leaving the box blank: It means that other Osseo Area School programs will not have access to your eligibility, and it will be your responsibility to provide this information to them to receive waived or reduced fees.

7 **SHARE MY INFORMATION**

8 Last 4 Digits of Adult Social Security Number I DO NOT HAVE A SSN:

SIGNATURE: An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

***SIGNATURE REQUIRED**

9 Enter your name in the boxes below

5 **ENTER THE TOTAL NUMBER OF HOUSEHOLD MEMBERS**
The number you enter must equal the number of names from Part 3 and Part 4.

6 Mailing Address Apt #

City State Zip Home Telephone Number

FIRST NAME

LAST NAME

IF REPRODUCED, THIS APPLICATION WILL NOT WORK IN SOFTWARE

DATE SIGNED

RACIAL IDENTITY (Optional) Choose one or more (regardless of ethnicity): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNIC IDENTITY (Optional) Please mark one ethnic identity: Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

***CERTIFICATION:** I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.