Dear Parent/Guardian:

Our school provides healthy meals each day. The United States Department of Agriculture is allowing schools to provide meals for the 2021-22 school year through a provision of the National School Lunch Program called the Seamless Summer Option (SSO). A waiver has been issued in order to support access to nutritious meals while minimizing potential exposure to COVID-19.

Our school has chosen to use this waiver and operate the SSO which enables us to provide meals free of charge for all students. No application is required to receive this free meal benefit.

However, your child(ren) may qualify additional benefits such as reduced fees or the Pandemic Electronic Benefit Transfer (P-EBT) which is a federal temporary emergency nutrition benefit that is loaded onto electronic cards for families to purchase food. At public schools, your application also helps the school qualify for education funds and discounts.

To apply, complete the enclosed Application for Educational Benefits following the instructions. Return your completed Application for Educational Benefits to:

[insert address]

Who should complete this application? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children qualify? Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

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 complete an application.

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 overtime only sometimes. For seasonal work, write in the total annual income.

Will the income information or case number I give be checked? It may be. We may also ask you to send written proof.

How will the information be kept? Information you provide on the form, and your child’s approval, will be protected as private data. For more information see the back page of the Application for Educational Benefits.

If I don’t qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children’s racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval.

If you have other questions or need help, call [phone number].

Sincerely,
How to Complete the Application for Educational Benefits – Seamless Summer Option

Complete the Application for Educational Benefits form for school year 2021-22 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, 2021 through June 30, 2022.

<table>
<thead>
<tr>
<th>Household size</th>
<th>$ Per Year</th>
<th>$ Per Month</th>
<th>$ Twice Per Month</th>
<th>$ Per 2 Weeks</th>
<th>$ Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,828</td>
<td>1,986</td>
<td>993</td>
<td>917</td>
<td>459</td>
</tr>
<tr>
<td>2</td>
<td>32,227</td>
<td>2,686</td>
<td>1,343</td>
<td>1,240</td>
<td>620</td>
</tr>
<tr>
<td>3</td>
<td>40,626</td>
<td>3,386</td>
<td>1,693</td>
<td>1,563</td>
<td>782</td>
</tr>
<tr>
<td>4</td>
<td>49,025</td>
<td>4,086</td>
<td>2,043</td>
<td>1,886</td>
<td>943</td>
</tr>
<tr>
<td>5</td>
<td>57,424</td>
<td>4,786</td>
<td>2,393</td>
<td>2,209</td>
<td>1,105</td>
</tr>
<tr>
<td>6</td>
<td>65,823</td>
<td>5,486</td>
<td>2,743</td>
<td>2,532</td>
<td>1,266</td>
</tr>
<tr>
<td>7</td>
<td>74,222</td>
<td>6,186</td>
<td>3,093</td>
<td>2,855</td>
<td>1,428</td>
</tr>
<tr>
<td>8</td>
<td>82,621</td>
<td>6,886</td>
<td>3,443</td>
<td>3,178</td>
<td>1,589</td>
</tr>
<tr>
<td>Add for each additional person</td>
<td>8,399</td>
<td>700</td>
<td>350</td>
<td>324</td>
<td>162</td>
</tr>
</tbody>
</table>

Step 1: Children
List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number
If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- Social Security Number/Total Household Members. An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- Child Income. 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, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- Adult Income. Report the names of adult household members and income earned in this section.
  - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
  - Gross Earnings from Work. This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
  - 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. For seasonal work, write in the total annual income.
  - Are you Self-Employed or a Farmer? List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
  - Any Other Gross Income. List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

Step 4: 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.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval. The information helps to ensure we are meeting civil rights requirements and fully serving our community.
**2021-22 Application for Educational Benefits – Seamless Summer Option**

**Definition:** A Household Member is *C.*

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.

---

**STEP 1:** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is “Anyone living with you and shares income and expenses, even if not related.” Read How to Complete the Application for Educational Benefits for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

---

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance does not qualify. If NO > Go to Step 3. If YES > Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) ______ ______ ______ ______ ______ ______ ______ ______ then go to Step 4 (Do not complete Step 3).

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to Step 2).

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- ______ ______ ______ Or Check if Adult has No SSN: ______ Total Number of All Household Members (Children + Adults) ______.

B. Child Income.

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in Step 1. Do not include income received by adults in the box to the right.

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write ‘0’ or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. “Sources of Income” will help you with the Child Income section and All Adult Household Members section.

---

**STEP 4:** Contact information and adult signature. “I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”

☐ I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

**Do Not Fill Out: For School Office Use**

Conversions to Annualize All Income:

- X12
- X26
- X24
- X1

☐ Verified? Attach Tracker

- No change
- Free After Verified
- Reduced After Verified
- Denied After Verified

All Total Income

Include child and adult income

Weekly

Bi-weekly

2x Month

Monthly

Household Size:

- Categorical Eligibility
- Free
- Reduced
- Denied

Determining Official Signature: __________ Date: __________

Confirming Official Signature: __________ Date: __________

---

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.
OPTIONAL: Children’s Racial and Ethnic Identities
We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals. Respond to both Step One, Ethnicity and Step Two, Race.

Step One: Ethnicity (check one):  
☐ Hispanic or Latino  ☐ Not Hispanic or Latino

Step Two: Race (check one or more):  
☐ American Indian or Alaskan Native  ☐ Asian  ☐ Black or African American  ☐ Native Hawaiian or Other Pacific Islander  ☐ White

INSTRUCTIONS: Sources of Income

### Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Earnings from work</td>
<td>• A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>• Social Security</td>
<td>• A child is blind or disabled and receives Social Security</td>
</tr>
<tr>
<td>a. Disability Payments</td>
<td>• A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>b. Survivor’s Benefits</td>
<td>• A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>• Income from person outside the household</td>
<td>• A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### Sources of Income for Adults

#### Earnings from Work
- Salary, wages, cash bonuses (before deductions or taxes)
- Net income from self-employment (farm or business)
- If you are in the U.S. Military:
  - a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
  - b. Allowances for off-base housing, food and clothing

#### Public Assistance / Alimony / Child Support
- Cash Assistance from State or local government
- Supplemental Security Income
- Unemployment benefits
- Worker’s compensation
- Alimony payments
- Child support payments
- Veteran’s benefits
- Strike benefits

#### All Other Income
- Social Security
- Disability benefits
- Regular income from trusts or estates
- Annuities
- Investment income
- Rental income
- Regular cash payments from outside household

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price 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 is not required when you apply on behalf of a foster child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility 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.

At public school districts, each student’s school meal status also is recorded on a statewide computer system used to report student data to 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.

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, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office; or, 2. Write a letter addressed to USDA; 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 form or letter to USDA by one of the following methods:

1. Mail: U.S. Department of Agriculture
   - Office of the Assistant Secretary for Civil Rights
   - 1400 Independence Avenue, SW
   - Washington, D.C. 20250-9410;
2. Fax: 202-690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.