

TO: Sponsors of School Nutrition Programs

FROM: Food and Nutrition Service

DATE: June 16, 2010

SUBJECT: 2010-11 Household Income Guidelines and Application for Educational Benefits

This information applies to all Local Educational Agencies (LEA) that participate in School Nutrition Programs, *except* the following types of LEAs that will *not* collect Applications for Educational Benefits during school year 2010-11:

- (1) Residential child care institutions that have an approved resident income policy instead of collecting meal applications, and have no day-only students.
- (2) Nonpublic schools that claim reimbursement for all meal services at all sites using Provision 2 or 3 procedures and are not conducting a Provision 2 or 3 base year for any site.

Distribution of Application Packets for School Year 2010-11

An LEA must inform all households about school meal benefits by the beginning of each school year. Application materials for school year 2010-11 should be distributed within the four weeks prior to the first day of school. Application packets may *not* be distributed before July 1, 2010, the date that the income guidelines are effective; the only exception is for year-round schools that operate in July which may distribute applications in June.

Households *may not be required to complete* Applications for Educational Benefits. LEAs may consider taking additional steps to facilitate the return of applications from households, such as providing return envelopes in a mailing.

These materials, which are attached to this memo, must be used to inform households about school meal benefits:

- Household letter about school meal benefits (reproduce on school letterhead and insert meal prices and other information).
- Instructions for completing the *Application for Educational Benefits* form. The instructions may be reproduced on the reverse side of the household letter.
- *Application for Educational Benefits* form.

Changes for School Year 2010-11:

- The U.S. Department of Agriculture (USDA) has authorized LEAs to use the same household income guidelines for school year 2010-11 as were used for school year 2009-10. This is necessary due to a delay in the issuance of revised federal poverty guidelines, which are the basis for USDA household income guidelines. The income guidelines printed on the attached chart used by LEAs, and the reduced-price guidelines sent to households, are unchanged from school year 2009-10.
- The Application for Educational Benefits has been revised to require only one case number, instead of case numbers for individual students. See the "Categorical Eligibility" section in this memo.

Annual Requirement to Notify about State Health Programs: Public school districts and charter schools may use their mailing about school meal benefits to also notify households about state of Minnesota health care programs as required by subdivision 6 of Minnesota Statutes section 256.962. [View Statute](#). The memorandum and flyer for *Minnesota Health Care Programs Notification* are available in English and Spanish on the Minnesota Department of Education (MDE) Website. [View School Nutrition Programs – Student Meal Applications](#).

Application Approval

School meal benefits are approved for the whole school year unless an LEA approves an application only on a temporary basis. Once approved for the year, meal benefits are terminated or changed only when required due to verification or administrative review, or terminated at the request of a household. Households are *not* required to notify their LEA of any change in household circumstances during the year.

References for reviewing and approving *Applications for Educational Benefits*:

- Attached *Procedure for Approval/Denial – Applications for Educational Benefits*.
- Eligibility Guidance for School Meals manual. [View manual on USDA Website](#).

Conversion of Incomes to Annual Income: When an application has incomes that are paid at different frequencies, the LEA must convert each income to an annual income and then add the annual incomes together. **To convert to annual income: multiply a weekly income by 52, a bi-weekly income (every other week) by 26, a twice-per-month income by 24 or a monthly income by 12.**

Example: A household reports incomes of \$500 received every two weeks and \$1,000 received monthly. Since the incomes are paid at different frequencies, they must be converted to annual incomes in order to add them together. The LEA converts the two incomes to annual incomes of \$13,000 (\$500 x 26) and \$12,000 (\$1000 x 12). The two annual incomes are then added together for a *total annual household income* of \$25,000.

Categorical Eligibility: The Application for Educational Benefits has been revised to allow *one case number* to be reported for the household, instead of case numbers for individual students. *If a household reports a case number that appears valid, all of the students in the household are approved for free meals based on categorical eligibility.*

A case number may be provided from any of these three programs:

- Minnesota Family Investment Plan (MFIP)
- Food Support (Stamps)
- Food Distribution Program on Indian Reservations (FDPIR)

Households receiving Medical Assistance benefits only are *not* categorically eligible – they must complete an application based on household income.

Directly Certified Students (Public Schools): Applications should *not* be sent to households with students who have been directly certified for free school meals based on public assistance data sent to the LEA from MDE. Direct certification is based on a household's receipt of Minnesota Family Investment Plan (MFIP) or Food Support (Stamps) benefits. If one child in a household has been

directly certified, then all children in the household are considered directly certified for free school meals. The first download of direct certification data for school year 2010-11 will be available by early August 2010.

Application for Student from Residential Child Care Institution: When a student living in a residential child care institution (RCCI), for example a group home, attends an LEA, the RCCI director should complete the meal application for the student and indicate that the application is for a student in residential care. The completed application must identify the child and list any regular income to the student in Section 2, and the RCCI director must sign in Section 6 (Social Security number not needed).

Carryover of Meal Benefits from Previous Year: School meal benefits that were approved in school year 2009-10 (from either application or direct certification) must be carried over into the beginning of school year 2010-11. Meal benefits must be carried over for the first 30 operating school days of school year 2010-11, or up to the date that a student is approved for school year 2010-11 meal benefits (from application or direct certification), whichever date comes first.

Consent to Release Data for Health Insurance Purposes

The state of Minnesota continues its efforts to notify eligible families about the availability of state-administered children's health insurance programs such as MinnesotaCare. Section 5 of the Application for Educational Benefits records whether households that are approved for meal benefits have consented to share their eligibility information with health insurance programs. The section uses a "negative check-off" format which allows the household's school meals eligibility information to be shared with the health insurance programs unless the household has checked one or both boxes to indicate that it does not want its eligibility shared for this purpose. LEAs annually report this data to MDE through MARSS.

Civil Rights Section on Application

LEAs must maintain documentation of the race and ethnicity of all students for federal civil rights purposes. When the Civil Rights Survey section is not completed by the household, the school must identify the race and ethnicity for the household.

Schools that already have student racial/ethnic data on file, for example LEAs with MARSS enrollment data, may remove the Civil Rights Survey from the back page of the Application for Educational Benefits. (Do not remove the Civil Rights nondiscrimination statement and procedure for filing a complaint.)

Translated Versions of Application

Translations of the Application for Educational Benefits and household letter are available on the MDE Website in the following languages:

Arabic	Hmong	Russian	Spanish
Cambodian (Khmer)	Laotian	Somali	Vietnamese

[View School Nutrition Programs – Student Meal Applications.](#)

The U.S. Department of Agriculture (USDA) Website has translations of its “meal benefit form” available in several additional languages for example Kurdish, Serbo-Croatian, and Sudanese. [View additional translations.](#) If using a USDA translation, note that the USDA form uses the federal terms “TANF” and “SNAP” benefits instead of the Minnesota-specific terms “MFIP” and “Food Support (Stamps).” If using a translated form, also download the English version of the USDA form for reference.

Notification of Approval or Denial of Benefits

The template letter for notifying households of approval or denial of school meal benefits is attached.

MARSS Economic Indicator (Public Schools)

The “economic indicator” reported annually on student MARSS records may be based only on current year approval of school meal benefits, that is, approved 2010-11 Applications for Educational Benefits and direct certification data received for school year 2010-11. A student’s eligibility for free or reduced-price meals that has been carried over from school year 2009-10 for the first 30 operating days of school year 2010-11 may *not* be used to establish the student’s MARSS economic indicator for school year 2010-11.

Verification of Information Provided on Applications

Each fall an LEA must verify a percentage (usually three percent) of approved Applications for Educational Benefits. In addition, any application may be verified “for cause.” The memorandum on verification requirements for school year 2010-11 will be issued in August 2010.

Attachments

For internal use by LEA:

- 2010-11 Household Income Guidelines for free and reduced-price meals.
- Procedure for Approval/Denial - Applications for Educational Benefits (one page).

For distribution to households at time of application:

- Household letter.
- Instructions for completing Application for Educational Benefits (may be reproduced on the back of household letter).
- Application for Educational Benefits.

For distribution to households after application has been reviewed:

- Letter for notification of approval/denial.

If you have any questions about this information, contact Food and Nutrition Service at 651-582-8526, 1-800-366-8922 or e-mail fns@state.mn.us.

School Nutrition Programs Household Income Guidelines for School Year 2010-11

Effective July 1, 2010 through June 30, 2011

- These income guidelines were used in 2009-10 and are authorized by USDA for continued use during 2010-11 until further notice. -

HOUSEHOLD SIZE	FREQUENCY OF INCOME	FREE MEALS \$	REDUCED-PRICE MEALS \$	PAID MEALS \$
1	Weekly	0 – 271	272 – 386	387
	Bi-Weekly	0 – 542	543 – 771	772
	2 X Month	0 – 587	588 – 835	836 or more
	Monthly	0 – 1,174	1,175 – 1,670	1,671
	Yearly	0 – 14,079	14,080 – 20,036	20,037
2	Weekly	0 – 365	366 – 519	520
	Bi-Weekly	0 – 729	730 – 1,037	1,038
	2 X Month	0 – 790	791 – 1,124	1,125 or more
	Monthly	0 – 1,579	1,580 – 2,247	2,248
	Yearly	0 – 18,941	18,942 – 26,955	26,956
3	Weekly	0 – 458	459 – 652	653
	Bi-Weekly	0 – 916	917 – 1,303	1,304
	2 X Month	0 – 992	993 – 1,412	1,413 or more
	Monthly	0 – 1,984	1,985 – 2,823	2,824
	Yearly	0 – 23,803	23,804 – 33,874	33,875
4	Weekly	0 – 552	553 – 785	786
	Bi-Weekly	0 – 1,103	1,104 – 1,569	1,570
	2 X Month	0 – 1,195	1,196 – 1,700	1,701 or more
	Monthly	0 – 2,389	2,390 – 3,400	3,401
	Yearly	0 – 28,665	28,666 – 40,793	40,794
5	Weekly	0 – 645	646 – 918	919
	Bi-Weekly	0 – 1,290	1,291 – 1,836	1,837
	2 X Month	0 – 1,397	1,398 – 1,988	1,989 or more
	Monthly	0 – 2,794	2,795 – 3,976	3,977
	Yearly	0 – 33,527	33,528 – 47,712	47,713
6	Weekly	0 – 739	740 – 1,051	1,052
	Bi-Weekly	0 – 1,477	1,478 – 2,102	2,103
	2 X Month	0 – 1,600	1,601 – 2,277	2,278 or more
	Monthly	0 – 3,200	3,201 – 4,553	4,554
	Yearly	0 – 38,389	38,390 – 54,631	54,632
7	Weekly	0 – 832	833 – 1,184	1,185
	Bi-Weekly	0 – 1,664	1,665 – 2,368	2,369
	2 X Month	0 – 1,803	1,804 – 2,565	2,566 or more
	Monthly	0 – 3,605	3,606 – 5,130	5,131
	Yearly	0 – 43,251	43,252 – 61,550	61,551
8*	Weekly	0 – 926	927 – 1,317	1,318
	Bi-Weekly	0 – 1,851	1,852 – 2,634	2,635
	2 X Month	0 – 2,005	2,006 – 2,853	2,854 or more
	Monthly	0 – 4,010	4,011 – 5,706	5,707
	Yearly	0 – 48,113	48,114 – 68,469	68,470

*Additional household members. For *free meals* add for each additional household member: \$94 weekly, \$187 bi-weekly, \$203 2 X month, \$406 monthly, or \$4,862 yearly. For *reduced-price meals* add for each additional household member: \$134 weekly, \$267 bi-weekly, \$289 2 X month, \$577 monthly, or \$6,919 yearly.

School Nutrition Programs Procedure for Approval/Denial – Applications for Educational Benefits

These are the main steps for a school food authority to review and approve or deny Applications for Educational Benefits.

Step ① Check for complete application

An Application for Educational Benefits is complete if the household has provided required information in sections 2, 3 or 4, and 6. The chart below shows what information is required for each type of application, depending on whether income information is given, a case number is given, or the application is for a foster child.

- If any required information is missing, return the application to the household with an “Approval/Denial letter” to explain what information is missing on the application.
- If the application is complete, continue to step 2.

Sections of Application that request required information		Required Information		
		Income Application	Case Number Application	Foster Child Application
2	Names of all children in household (not foster)	✓	✓	
	Or name of one foster child and amount of personal use income or “none”			✓
3	Case number		✓	
4	Names and incomes of adults	✓		
6	Signature of adult household member	✓	✓	✓
	Social Security number of signer	✓		

Step ② Approve or deny the application

Income application:

- Add the total number of household members and the total household income and record on the application. If there are incomes with different frequencies, convert each income to an *annual* income and add the annual incomes together for *total annual* household income. To convert to annual income, multiply a weekly income by 52, a bi-weekly income (every other week) by 26, a twice-per-month income by 24 or a monthly income by 12.
- Refer to the current U.S. Department of Agriculture (USDA) household income guidelines for free and reduced-price school meals. Compare the household’s total income to the income guidelines for the household’s size.
- Approve the student(s) for free meals or reduced-price meals, as appropriate, if the household’s total income is within USDA guidelines and the application is complete. Deny the application if total household income is too high for either free or reduced-price meals. Record your approval or denial on the application with signature and date.

Case Number (categorical eligibility) application:

Approve the application for free school meals for all students in the household if the application shows a case number from Minnesota Family Investment Plan (MFIP), Food Support (Stamps), or Food Distribution Program on Indian Reservations (FDPIR). A Medical Assistance case number does *not* qualify. MFIP and Food Support case numbers are up to eight digits with no letters. FDPIR uses the Social Security number. The application must be signed by an adult household member but their Social Security number is *not* needed. Document your approval or denial on the application with signature and date.

Foster Child application:

Approve a foster child for free school meals if the box is checked that the foster child has no income specifically designated for “personal use” or if the amount of personal use income reported does not exceed the USDA income guidelines for a “household of one.” The application must be signed by an adult household member but their Social Security number is *not* needed. Document your approval or denial on the application with signature and date.

Step ③ Notify household

Send the “Notification of Approval/Denial” letter to household.

Excell Academy for Higher Learning

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$.75; lunch costs \$2.20.

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 enclosed 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: Nutrition Dept of Excell Academy

Who can get free or reduced-price meals? Children in households participating in Food Support (Stamps), Minnesota Family Investment Plan (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 cannot be approved if any required information is missing.

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.

Do I have to fill out an Application for Educational Benefits? If you wish to apply for free or reduced-price school meals for your children, a new Application for Educational Benefits must be completed each year unless your household is notified that the children have been directly certified for free school meals because your household receives certain types of public assistance.

Do I need to provide my Social Security number? When household income is reported on an application, the National School Lunch Act allows school meal benefits to be approved only if the person signing the application provides their Social Security number or indicates that they do not have a Social Security number. A Social Security number is not needed when a public assistance case number is provided or when the application is for a foster child. Social Security numbers are maintained by the school as private data and are not used for any other purpose.

Will the information I give be checked? Yes, we may ask you to send written proof of income, public assistance, or foster child status.

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.

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.

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.

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 details on data privacy.

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 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 (Stamps), MFIP, or FDPIR benefits.

If you have other questions or need help, call **763-533-0500**.

Sincerely, **Excell Academy Nutrition Dept.**

Instructions for Completing the Application for Educational Benefits

If your household currently participates in FOOD SUPPORT (STAMPS), MINNESOTA FAMILY INVESTMENT PLAN (MFIP) or FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):

- 1: Check the box if this is the first school meal application for any of your children at this school district or nonpublic school.
- 2: Check the box labeled "All children in the household." List each child's name, date of birth, grade, and school.
- 3: List the active case number and check the public assistance program. Do not list a case number from Medical Assistance.
- 4: Leave this section blank.
- 5: If your children are approved for meal benefits, this information may be shared with state of Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
- 6: An adult household member must sign the form. Their Social Security number is *not* needed.

If you are applying for a FOSTER CHILD (child living in your household who remains the legal responsibility of a welfare agency or court):

- 1: Check the box if this is the first school meal application for this child at this school district or nonpublic school.
- 2: Check the box labeled "one foster child" and check the box to indicate that the foster child receives no income for personal use, or write in the amount of personal use income to the foster child. Write in the foster child's name, date of birth, grade and school. Use a separate application for each foster child.
- 3: Leave this section blank.
- 4: Leave this section blank.
- 5: If your child is approved for meal benefits, this information may be shared with state of Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
- 6: An adult household member must sign the form. Their Social Security number is *not* needed.

ALL OTHER HOUSEHOLDS (including WIC households):

Complete an Application for Educational Benefits if your household income is less than or equal to the amount shown for your household size in this chart. These amounts are effective July 1, 2010, through June 30, 2011.

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional household member add:	6,919	577	289	267	134

- 1: Check the box if this is the first school meal application for any of your children at this school district or nonpublic school.
- 2: Check the box labeled "All children in the household." List each child's name, date of birth, grade and school. If a child receives regular income, such as SSI payments or wages from a job, list the amount and how often it is received in the last column. Do not list occasional earnings like babysitting.
- 3: Leave this section blank.
- 4: Report all incomes for all adult household members.

Names: List the first and last name of each adult living in your household, related or not (such as grandparents, other relatives or friends), including yourself. Include a household member temporarily away from home, such as a college student. Attach another page if necessary.

No Income: Check this column if a person has no income.

Gross Monthly Wages and Salaries: Next to each adult's name list the **gross income** earned from work before taxes and other deductions (*not* take-home pay). Next to each amount, write in **how often the income is received** for example: **weekly (W)**, **bi-weekly** (every other week) (**BW**), **twice per month (TM)**, **monthly (M)** or **yearly (Y)**. If income fluctuates, list expected annual gross income or average monthly income.

All Other Incomes: List all other amounts received on a regular basis from any source. For **self-employment or farm income**, list annual *net* income after deduction of business expenses (generally reported on a Schedule C or Schedule F of federal tax return).
- 5: If your children are approved for school meal benefits, their approval status may be shared with state of Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
- 6: An adult household member must sign the Application for Educational Benefits and provide their Social Security number. If the person signing the form does not have a Social Security number, they must indicate this by checking the box.

Application for Educational Benefits

Free and Reduced-Price School Meals • School Year 2010-11 • State and Federally Funded Programs for Schools

- Check here if this is the first school meal application at this school district or this nonpublic school for any child listed below.
- I have listed below All children in the household except foster children, from birth through high school. Attach an additional page, if necessary. (check one): One foster child in my care (who is the legal responsibility of a social services agency or court). Write in the foster child's name, date of birth, grade and school below. Does this foster child receive foster care funds that are designated specifically for the child's personal use? No Yes - \$_____. Complete a separate application for each foster child. Do not combine foster children and other children on this form.

Names of all Children in Household except Foster Children (or Name of One Foster Child)		Date of Birth Month/Day/Year	Grade	School	If applicable Regular Income to Child (for example SSI)
First Name	Last Name				
		___/___/___			\$_____ per _____
		___/___/___			\$_____ per _____
		___/___/___			\$_____ per _____
		___/___/___			\$_____ per _____
		___/___/___			\$_____ per _____

3. If applicable
Active Case Number
For any household member

Case Number: _____

MFIP
 Food Support (Stamps)
 FDPPIR
(Not Medical Assistance)

- List all adults in the household, all incomes and how often each income is received. Attach an additional page, if necessary. The instructions page shows the maximum income to qualify for school meal benefits. Do not complete Section 4 if a foster child is listed in Section 2 or a case number is provided in Section 3.

Names of all Adults in Household (all household members not listed in Section 2)		Check this column if person has NO INCOME ✓	Household Incomes				
First Name	Last Name		Write in each gross income and how often it is received: weekly (W), bi-weekly (every other week) (BW), twice per month (TM), monthly (M) or yearly (Y). Do not write in hourly pay. If income fluctuates, write in the amount normally received.				
			Gross Wages and Salaries from all jobs - before deductions -	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Compensation, Strike Benefits	Any Other Income, including net Farm/ Self-Employment
			\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
			\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____
			\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____

- 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 the boxes blank to allow sharing of information.

Do not share my information with the MinnesotaCare health insurance program. Do not share my information with the General Assistance Medical Care program.

6. I certify that the information provided on this application is true and correct and that I have reported all household members and all household incomes. Because federal and state funds may be paid on the basis of this information, I understand that school and state officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws.

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

Social Security number (required if Part 4 is completed): _____ - _____ - _____ OR I don't have a Social Security number

Address: _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____

Total Household Size: _____ Total Incomes: \$_____ per _____ **Office Use Only**

Or Household Is Categorically Eligible: _____ (MFIP/Food Assistance (Stamps)/FDPPIR)

Approved: Free _____ Reduced-Price _____ Temporary until _____, _____, _____

Denied: Incomplete _____ Income Too High _____ Other: _____

Signature of Determining Official: _____ Date: _____

Withdrawn: _____

Change Status To: _____ Reason: _____

Date Verification Sent: _____ Response Due: _____ 2nd Notice Sent: _____ **Office Use Only**

Result: No Change _____ Free to Reduced-Price _____ Free to Paid _____ Reduced-Price to Free _____ Reduced-Price to Paid _____

Reason for Change: Income _____ Household Size _____ Refused Cooperation _____ Other: _____

Date 'Notice of Change' Sent: _____

Signature of Verifying Official: _____ Date: _____

Social Security Number / Complete Application

The National School Lunch Act requires that unless an active MFIP, Food Stamp or FDPIR 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 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 adult household members, the signature of an adult household member and the Social Security number of the household member completing the application or an indication that they have no Social Security number. 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 Minnesota 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 Minnesota 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 officials who need to know the information to provide the correct school meal benefit to your child. At public school districts, each student's eligibility status is also recorded on a statewide computer system used to report student data to the Minnesota Department of Education as required by state law. The Minnesota 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 program; (2) state health or education program administered by the school or a state agency; and (3) federal, state or local nutrition program that has 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.

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 5 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

Civil Rights Survey (voluntary)

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 Native Hawaiian or Other Pacific Islander

Asian White

Black or African American

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. *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 Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.*

[Print on School District Letterhead]

Notification of Approval or Denial
For Free or Reduced-Price School Meals
School Year 2010-11

Dear Parent or Guardian:

Date: _____

Your application for free or reduced-price meals for your child or children is:

- Approved effective _____ (date) _____ for
- Free Breakfast
 - Free Lunch
 - Reduced-Price Lunch. Your cost is _____ per lunch.
 - Temporarily approved for (free or reduced-price) meals until (date) _____.

Your child or children may have received school meal benefits this year prior to the effective date shown above if they were approved for meal benefits last school year.

Denied because:

- Your total household income exceeds income eligibility guidelines.
- Your application was incomplete. Please complete and return the enclosed application. The following information is missing:
 - Names of all household members.
 - Sources of income for each household member.
 - Signature of an adult household member.
 - Social Security number of the adult signing the application or, if the person has no SSN, the box must be checked.
 - Other: _____

You may reapply for benefits at any time during the school year. You should reapply to find out whether you are eligible for school meal benefits if you become unemployed or otherwise have a decrease in household income or have an increase in the size of your household.

If you do not agree with this denial, you may discuss it with a school official. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing:

[List contact information for hearing official]

Sincerely, [District Official]

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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May 2010