



A celebration of food and friends

Division of Wayzata Schools

17305 19th Avenue North | Plymouth, MN 55447-2703

763.745.5154 | Fax: 763.745.5161 | www.wayzata.k12.mn.us

Dear Parent/Guardian:

2015-2016 School Year

The Wayzata Public School District provides healthy meals each day. Breakfast costs \$1.55 for elementary and middle school students and \$1.80 for high school students. Lunch costs \$2.70 for elementary students; \$3.05 for middle school students; and \$3.30 for high school students.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. **A new application must be submitted each year.** Your application also helps Wayzata Schools qualify for education funds and discounts.

State funds help to pay for reduced-price meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students will receive breakfasts at no charge.

Please return your completed Application for Educational Benefits to: Culinary Express
Wayzata School District #284
17305 19th Avenue North
Plymouth, MN 55447

Who can receive free school meals? 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 receive free school meals without reporting household income. Also, children can receive free school meals if their household income is within the maximum income shown for their household size. **(An application must still be completed and returned).**

I get WIC. Can my children receive free meals? Children in households participating in WIC may be eligible for free meals. Please fill out an application and list your income.

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 meals. **(An application must still be completed and returned).**

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).

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.

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

How will the information I provide be kept? Information you provide on the form, and your child's approval status for school meal benefits, will be protected as private data. Your child's approval status for school meal benefits may be shared with other nutrition, education or health programs that offer benefits based on approval for school meals. For more information, see the back page of the Application for Educational Benefits. Let us know if you do not want your information shared for benefits from other programs.

If you have other questions or need help, call Daneen at (763)745-5154.

Sincerely,

Mary Anderson
Culinary Express Supervisor

How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2015-16 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 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, 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, 2015 through June 30, 2016.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

Step 1 - Children List all children living in the household, their birthdates and, if applicable, grade and school. Fill in the circle if a child is in foster care. Attach an additional page if necessary.

Step 2 - Case Number Complete Step 2 if any household member currently participates in any of the three assistance programs listed in Step 2. If Step 2 is completed, skip Step 3.

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

Regular income to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular income to children. Do not include occasional earnings like babysitting or lawn mowing.

Social Security number – The person 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.

Adults / Incomes – List all adults living in the household, whether related or not (such as grandparents, other relatives, or friends). Include any adult who is temporarily away, such as a student away at college. Attach an additional page if necessary.

- For each person, list their gross incomes before deductions, not take-home pay. Do not list an hourly wage rate.
- For farm or self-employment income only, list net income after subtracting business expenses.
- If an adult has 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 each income, fill in a circle to show how often the income is received.

Step 4 - If you do *not* want information to be shared with health care assistance programs, check the box.

Step 5 - Signature and Contact Information An adult household member must sign the form.

Application for Educational Benefits

School Year 2015-2016

School Meal Benefits – State and Federally Funded Programs

Culinary Express
17305 19th Avenue North
Plymouth, MN 55447
Phone: (763)745-5154
Fax: (763)745-5161

Step 1 List All Children in the Household (infants through grade 12). Attach an additional page if necessary.

Last Name	First Name	Birth Date	Grade	School	Foster Child?*
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>

Step 2 Assistance Program Case Number (if applicable). If any household member receives benefits from one of the assistance programs listed below: **Write in the case number and check the program. Skip Step 3.**

Case Number

- ☐ Minnesota Family Investment Program (MFIP)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Food Distribution Program on Indian Reservations

- Medical Assistance and WIC case numbers do not qualify -

* The child is the legal responsibility of a welfare agency or court. If all children who need meal benefits are foster children, skip Steps 2 and 3.

Step 3 List All Adult Household Members and Household Incomes Include all household members not listed in Step 1, related or not, including yourself.

- If any children in the household have regular income, such as a part-time job or SSI, write in the total regular income for all children. Do not include occasional earnings such as babysitting or lawn mowing. **Total regular income to children:** \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ 2x month ☐ Monthly
- Last 4 digits of the Social Security number (SSN)** of the person signing this application (required): **X X X - X X -** _____ OR ☐ I don't have an SSN
- Adult Household Members / Incomes** Write in the name of each adult household member, their *gross incomes (before deductions)* in whole dollars, and how often the income is received. Include a household member who is temporarily away, such as a college student. If income fluctuates, write in the amount normally received (before deductions). For self-employment income only, write in net income after business deductions. For adults with no income to report, enter '0' or leave the section blank – this is your certification (promise) that they have no income to report. Attach an additional page if necessary.

Adults - Full Name Include any college students.	Earnings from Work Gross wages or net self-employment	How often?					Public Assistance, Child Support, Alimony	How often?				All Other Incomes for example pension, retirement, disability, Veterans benefits, unemployment	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4 If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. ☐ Do *not* share information for this purpose.

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 officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

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

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

Office Use Only Total Household Size: ____ Total Income: \$ _____ per _____

Approved (check all that apply): ☐ Case Number – Free ☐ Foster – Free ☐ Income – Free ☐ Income – Reduced-Price **Denied:** ☐ Incomplete ☐ Income Too High

Signature – Determining Official: _____ **Date:** _____ **Change Status To:** _____ **Reason:** _____ **Withdrawn:** _____

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 application (*Community Eligibility Provision, Provision 2 or Provision 3*). However, at public schools, your completion of this form also helps the school qualify for other education funds and discounts even if not needed for school meals.
- (2) You have been notified that your children have been directly certified for school meal benefits based on 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.

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, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Children who qualify for free or reduced-price school meals may qualify for Minnesota Health Care Programs. Your child's status for school meals *may* be shared with Minnesota Health Care Programs unless you tell us not to share your information by checking the box in Step 4 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

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.

Nondiscrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

Office Use Only

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 – Verifying Official: _____ Date: _____

Signature – Confirming Official: _____ Date: _____