DEPARTMENT OF EDUCATION

2018-19 Application for Educational Benefits

Complete one application per household. Please use pen (not a pencil).

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." Children in Foster care are eligible for free meals. Read How to Complete the Application for Educational Benefits for more information.

Child's First Name	MI	Child's Last name	Birthdate	Grade	Foster Child
					☐
					☐
					☐
					☐
					☐

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 Case 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. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1.

Child Income	Weekly	Bi-weekly	2x Month	Monthly
	☐	☐	☐	☐

B. All Adult Household Members (including yourself) List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before deductions or taxes) for each source in whole dollars (no cents) 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.

Are you sure what income to include here? Flip the page and review "Sources of Income" for more information. "Sources of Income for Children" will help you with the Child Income section. "Sources of Income for Adults" will help you with the ALL Adult household Members section.

Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Bi-Weekly	2x Month	Monthly	Net income from Self-Employment	Monthly	Yearly	All Other Income such as SSI, Unemployment, Public Assistance, Child Support, and others on page two	Weekly	Bi-Weekly	2x Month	Monthly
		☐	☐	☐	☐		☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐		☐	☐	☐	☐

C. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX-_____ Check if no SSN: ☐ Total Household Members (Children and Adults) _____

STEP 4: Contact information and adult signature. Mail Completed Form To: (*School/District Information*) _____

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is give 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 Programs as allowed by state law.

Printed name of adult signing form _____ Signature of adult _____ Today's Date _____

Street Address (If available) _____ Apt# _____ City _____ State _____ Zip _____ Daytime Phone _____