

# Kittson Central School District Number 2171

Box 670

Hallock, Minnesota 56728-0670

Bob Jaszczak, Superintendent

K-12 Principal

Telephone: 218-843-3682 x 223

Fax: 218-843-2856

Jillayne Kraska  
Elementary Lead Teacher

Jami Carr  
H.S. Student Dean/A.D.

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.45; lunch costs \$2.75 (elem.) & \$3.00 (high school).

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. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school 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 receive breakfasts at no charge.**

Return your completed Application for Educational Benefits to:

**Kittson Central School District**

**P.O. Box 670**

**Hallock, MN 56728**

**Attn: Judy Shuck**

**Who can get 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 get free school meals without reporting household income. Or children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

**I get WIC or Medical Assistance. Can my children get free school meals?** Children in households participating in WIC or Medical Assistance may be eligible for free school meals. 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 qualify for free or reduced-price school meals.

**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 information I give be checked?** Yes, and 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 for school meal benefits, **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 of school meal benefits.

If you have other questions or need help, call 218-843-3682 Extension 232. You may call collect.

Sincerely,



Bob Jaszczak, Superintendent

**Application for Educational Benefits – School Year 2017-18**  
**School Meals • State and Federally Funded Programs**

**Step 1** List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	School	Grade	Foster Child? (An agency or court has legal responsibility for the child) If yes, fill in the circle.	Optional - Is the child Hispanic / Latino? If yes, fill in the circle.	Optional - Racial Identity * Fill in one or more circles for each child.						
								American Indian	Asian	African American	Pacific Islander	White		
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

**Step 2** Do any Household Members currently participate in any of these programs – SNAP, MFIIP or FDIPIR? (Medical Assistance and WIC do not qualify.)

If No > Go to STEP 3. If Yes > Write in the CASE NUMBER here \_\_\_\_\_

and check the program  SNAP  MFIIP  FDIPIR. Then go to STEP 4.

**Step 3** A. List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you answered "yes" to STEP 2 or if all participants are foster children.)

Adults - Full Name <small>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 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.</small>	Gross Pay from Work <small>Do not write in an hourly wage.</small>				Net Income from Farm or Self-Employment after business expenses. State if annual or monthly.	Public Assistance, Alimony			All Other Incomes						
	Weekly	Bi-Weekly	2x Month	Monthly		Child Support, Alimony	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2x Month	Monthly

**B. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages? C. Last four digits of signer's Social Security Number (SSN) or no SSN (required):**

TOTAL incomes to children, if any: \_\_\_\_\_  Weekly  Bi-Weekly  2x Month  \_\_\_\_\_     -   - \_\_\_\_\_ Monthly

**Step 4** 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 school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws. The information I provide may be shared with Minnesota Health Care Programs as allowed by state law, unless I have checked this box:  Do not share my information with Minnesota Health Care Programs.

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:  Case Number – Free  Foster – Free  Income – Free  
 Income – Reduced-Price Denied:  Incomplete  Income Too High Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

**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 applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or
- (2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIIP) 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 MFIIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. 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, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

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.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 4 to not share information for that purpose.

**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, complete the *USDA Program Discrimination Complaint Form (AD-3027)* found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and 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 discrimination complaint form or letter to USDA by: (1) Mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or (2) Fax to (202) 690-7442 or (3) Email to [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**Office Use Only: Verification**

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> 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 of Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

## How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2017-18 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, 2017 through June 30, 2018.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	22,311	1860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Add for each additional person	7,733	645	323	298	149

### Step 1: Children

List all infants and children in the household, their birthdate and, if applicable, their grade and school. Attach an additional page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child). Please provide the requested information on ethnicity and race for each child. This information is not required and does not affect approval for school meal benefits. The information helps to make sure we are meeting civil rights requirements and fully serving our community.

**Step 2: Case Number** If any household member currently participates in the Special Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), write in your case number, check which program you participate in, 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. WIC and Medical Assistance (M.A.) programs do not qualify for this purpose.

### Step 3: Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- 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. This is your certification (promise) that there is no income to report for these adults. For seasonal work, write in the total annual income.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of Social Security number – The adult household member 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.
- Regular incomes to children – 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. Do not include occasional earnings like babysitting or lawn mowing.

**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.