

WARROAD PUBLIC SCHOOLS #690



Peter E. Haapala, Superintendent 386-6066
Dennis Abernathy, High School Principal 386-6060
Brita Comstock, Elementary Principal 386-6029
Steve Bengtson, Activities/Community Ed Director 386-6005
Kristina Edman, Special Education Director 386-6085

510 Cedar Ave, NW
Warroad, MN 56763
Phone: (218) 386-1472
Fax: (218) 386-1909

August 2018

Dear Parent/Guardian:

Our school provides healthy meals each day. **Breakfast cost is \$1.25 and lunch costs are:**

High School - \$2.70, Elementary - \$ 2.45, Extra milk will be \$.50.

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 a no charge. Your application also helps our school qualify for additional education funds and discounts even when you do not participate in the program.

****IMPORTANT****

**The following areas MUST BE COMPLETE ON THE APPLICATION IN ORDER TO BE PROCESSED!
(THEY ARE ALL HIGHLIGHTED ON THE FORM for you).**

Missing information will delay time in processing when we have to send your application back.

STEP 1.

1. Children's name – **Enter ALL** of your children, even non-school age children.

STEP 2.

1. If you have SNAP, MFIP OR FDPIR – you must list your case number **AND** circle which one.

STEP 3.

1. ADULTS- you MUST list **ALL** Adults living in the home AND ALL income, including children if they are employed full-time.
2. List **GROSS PAY** and How paid (weekly, bi-weekly, 2x month, or monthly)
3. If Self Employed – List your ANNUAL income
4. Public Assistance/Child support/Alimony – list any income you receive from these sources

Bryan Hontvet, Chairperson
Christine Laznicka, Vice-Chairperson
Laurie Thompson, Treasurer
Jeff Heppner, Clerk
Tim Fast, Director

An Equal Opportunity Employer

STEP 4 "C" – You MUST LIST THE LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER

STEP 5 – You MUST sign the application, also please put your address, and phone number

Return your completed Application for Educational Benefits to: Warroad Public School #690, Attn: Lynae Anderson, 510 Cedar Ave, Warroad MN 56763

Who can get free or reduced-price meals? Children in households participating in Food Support (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. Children can get free or reduced-price meals if their household income is within the maximum income shown for the household size.

I get WIC. Or Medical Assistance. Can my children get free school meals? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.

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)

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. For seasonal work, write in the total annual income.

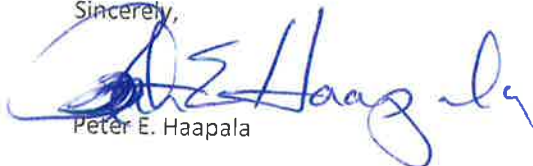
How will the information I provide be kept? Information you provide on the form and your child's approval for school meal benefits will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

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

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 Lynae Anderson at 386-6001.

Sincerely,



Peter E. Haapala

Superintendent



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
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDIPIR? 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

Child Income	Weekly	Bi-weekly	2x Month	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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				Net Income from Self-Employment	All Other Income such as SSI, Unemployment, Public Assistance, Child Support, and others on page two		Sources of Income for				
	Weekly	Bi-Weekly	2x Month	Monthly		Monthly	Yearly	Weekly	Bi-Weekly	2x Month	Monthly	
	<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"/>

C. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX-XXXX 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 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 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

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security Disability Payments <ul style="list-style-type: none"> Survivor's Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses deductors or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Cash Assistance from State or local government Supplemental Security Income Unemployment benefits Worker's compensation Alimony payments Child support payments Veteran's benefits Strife benefits 	<ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Rental income Regular cash payments from outside household

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 he ps 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. **Ethnicity (check one):** Hispanic or Latino Not hispanic or Latino

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

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 you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your 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.

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

Do not fill out: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Annualized	Household Size	Categorical Eligibility	Free	Reduced	Denied
	<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"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Selected for Verification – attach Verification Tracker

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) online at: https://www.ascr.usda.gov/filing-a-program-discrimination-complaint_usda-customer, 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 form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.



School Nutrition Programs Household Income Guidelines Effective July 1, 2018 – June 30, 2019

Household Size of One (1)

Frequency of Income	Free Meals \$	Reduced-Price Meals \$	Paid Meals \$
Weekly	0 – 304	305 – 432	433
Bi-Weekly	0 – 607	608 – 864	865
2x per month	0 – 658	659 – 936	937 or more
Monthly	0 – 1,316	1,317 – 1,872	1,873
Yearly	0 – 15,782	15,783 – 22,459	22,460

Household Size of Two (2)

Frequency of Income	Free Meals \$	Reduced-Price Meals \$	Paid Meals \$
Weekly	0 – 412	413 – 586	587
Bi-Weekly	0 – 823	824 – 1,172	1,173
2x per month	0 – 892	893 – 1,269	1,270 or more
Monthly	0 – 1,784	1,785 – 2,538	2,539
Yearly	0 – 21,398	21,399 – 30,451	30,452

Household Size of Three (3)

Frequency of Income	Free Meals \$	Reduced-Price Meals \$	Paid Meals \$
Weekly	0 – 520	521 – 740	741
Bi-Weekly	0 – 1,039	1,040 – 1,479	1,480
2x per month	0 – 1,126	1,127 – 1,602	1,603 or more
Monthly	0 – 2,252	2,253 – 3,204	3,205
Yearly	0 – 27,014	27,015 – 38,443	38,444

Household Size of Four (4)

Frequency of Income	Free Meals \$	Reduced-Price Meals \$	Paid Meals \$
Weekly	0 – 628	629 – 893	894
Bi-Weekly	0 – 1,255	1,256 – 1,786	1,787
2x per month	0 – 1,360	1,361 – 1,935	1,936 or more
Monthly	0 – 2,720	2,721 – 3,870	3,871
Yearly	0 – 32,630	32,631 – 46,435	46,436

Household Size of Five (5)

Frequency of Income	Free Meals \$	Reduced-Price Meals \$	Paid Meals \$
Weekly	0 – 736	737 – 1,047	1,048
Bi-Weekly	0 – 1,471	1,472 – 2,094	2,095
2x per month	0 – 1,594	1,595 – 2,268	2,269 or more
Monthly	0 – 3,188	3,189 – 4,536	4,537
Yearly	0 – 38,246	38,247 – 54,427	54,428

Household Size of Six (6)

Frequency of Income	Free Meals \$	Reduced-Price Meals \$	Paid Meals \$
Weekly	0 – 844	845 – 1,201	1,202
Bi-Weekly	0 – 1,687	1,688 – 2,401	2,402
2x per month	0 – 1,828	1,829 – 2,601	2,602 or more
Monthly	0 – 3,656	3,657– 5,202	5,203
Yearly	0 – 43,862	43,863 – 62,419	62,420

Household Size of Seven (7)

Frequency of Income	Free Meals \$	Reduced-Price Meals \$	Paid Meals \$
Weekly	0 – 952	953 – 1,355	1,356
Bi-Weekly	0 – 1,903	1,904 – 2,709	2,710
2x per month	0 – 2,062	2,063 – 2,934	2,935 or more
Monthly	0 – 4,124	4,125 – 5,868	5,869
Yearly	0 – 49,478	49,479 – 70,411	70,412

Household Size of Eight (8)

Frequency of Income	Free Meals \$	Reduced-Price Meals \$	Paid Meals \$
Weekly	0 – 1,060	1,061 – 1,508	1,509
Bi-Weekly	0 – 2,119	2,120 – 3,016	3,017
2x per month	0 – 2,296	2,297 – 3,267	3,268 or more
Monthly	0 – 4,592	4,593 – 6,534	6,535
Yearly	0 – 55,094	55,095 – 78,403	78,404

Free Meals for a Household of 9 or Larger

Household income must be within the amount shown above (household of 8), plus the amount shown below for each additional household member.

Frequency	Amount
Weekly	108
Bi-Weekly	216
2x per month	234
Monthly	468
Yearly	5,616

Reduced-Price Meals for a Household of 9 or Larger

Household income must be within the amount shown above (household of 8), plus the amount shown below for each additional household member.

Frequency	Amount
Weekly	154
Bi-Weekly	308
2x per month	333
Monthly	666
Yearly	7,992