



Intermediate School District 917

Purposeful. Personalized. Partners.

1300 145th Street East, Rosemount, MN 55068

(651) 423-8229 * <http://www.isd917.org>

Dear Parent/Guardian:

Our school offers healthy meals each day. Starting for the school year 2023-2024, all students are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each school day.

Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Our school is eligible to receive additional state and federal funds based on the number and/or percentage of students enrolled who reside in households that meet established federal income guidelines. This data is reported to the Minnesota Department of Education based on applications provided by each household. The Alternate Application for Educational Benefits and instructions on how to complete it are attached. A new application must be submitted each year. Your application also helps our school qualify for education funds and discounts.

Return your completed Alternate Application for Educational Benefits to:
Kristin Kustrich, ISD 917, 1300 145th Street East, Rosemount MN 55068
Email: kristin.kustrich@isd917.org or Fax: 651-423-8776

Automatic Eligibility: Households with children participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster children automatically meet the federal income guidelines and do not need to report household income. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income.

Household Members: 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.

Households that include non-U.S. citizens may be eligible to generate additional revenue for our school and should complete the Alternate Application for Educational Benefits.

Variable Income: List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

Information you provide on the form, and your child's income status will be protected as private data. See the back page of the Alternate Application for Educational Benefits for more information about how the information is used.

Verification: The information may be checked, and we may also ask you to send written proof. If you have other questions or need help, call 651-423-8255.

Sincerely,

Melissa Schaller, Executive Director of Student Services

ISD 917 Vision

Intermediate School District 917 models an innovative culture with diverse pathways serving students and families through equitable practices with highly trained staff.

ISD 917 Core Values

Collaboration * Empathy * Innovation * Stewardship * Communication * Integrity * Personalization * Equity * Diversity

How to Complete the Application for Educational Benefits

Complete the *Alternate Application for Educational Benefits* for school year 2023-24 if any of the following apply:

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

One or more children in the household are foster children (a welfare agency or court has legal responsibility for the child), or

Total household income (gross earnings, not take-home pay) is within these guidelines:

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

Children and Foster Status: List all children in the household in Section 1.

- Indicate that a child is in foster care by checking the box.
- Include any regular income, for example supplemental security income (SSI), to children other than foster children. Do not list occasional earnings like babysitting.

Case Number: Complete Section 2 if any household member currently participates in one of the programs listed in that section. If Section 2 is completed, skip Section 3 (adult names and incomes).

Adults/Household Incomes: List all adult household members, whether related or not, in Section 3. Include an adult who is temporarily away, such as a student away at college. Do not complete Section 3 if a case number was provided in Section 2, or if the application is for foster children only.

List each adult household member's gross income (not take-home pay) and how often each income is received. For example, "W" for Weekly.

- List gross income before deductions.
- If an income varies, list the amount usually received.
- For farm/self-employment income only, list net income after subtracting business expenses.
- Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits.
- Check the "No Income" column after a person's name if they have no income.

Do not include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

Signature: The form must be signed and dated by an adult household member in Section 5.

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).

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Grade	School	"X" if Foster Child	Any Regular Income to Child (Example: SSI)
					<input type="checkbox"/>	\$ per
					<input type="checkbox"/>	\$ Per
					<input type="checkbox"/>	\$ per
					<input type="checkbox"/>	\$ per
					<input type="checkbox"/>	\$ per

*Child is the legal responsibility of a welfare agency or court. (If ALL children are foster children, skip Sections 2 and 3 below.)

2. **Benefits (if applicable)** If any household member currently participates in the following assistance programs, write in the name of the person, the case number, and check the appropriate box (Medical Assistance and WIC do *not* qualify). Then skip Section 3.

Name of Household Member Receiving Benefits: 	Case #: 	Benefits Program: <input type="checkbox"/> Minnesota Family Investment Program (MFIP) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Food Distribution Program on Indian Reservations
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3. **Names of all Adults in Household** Include all adults living in your household, related or not (who are not in Section 1). Attach an additional page if necessary.

Household Incomes: Write in each gross income and check how often it is received: **weekly (W)**, **bi-weekly** (every two weeks) (**BW**), **twice per month (TM)**, **monthly (M)**. Do *not* write in hourly pay. If income fluctuates, write in the amount normally received. Attach an additional page if necessary.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
		<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"/>	\$

4. 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. See page 3 for more information. ☐ Do not share information with Minnesota Health Care Programs.

I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made so that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

5. **Signature of Adult Household Member (required):** _____ **Date:** _____
Print Name: _____ **Home Phone:** _____ **Work Phone:** _____
Address: _____ **City:** _____ **Zip:** _____

Privacy Act Statement/How Information Is Used

We will use your information to determine if your child is eligible for free or reduced-price economic status for purposes of state reporting. 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 economic 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) evaluate the quality of the state's educational program.

Children who are eligible for free and reduced-price economic status may be eligible for Minnesota Health Care Programs. Your child's eligibility status may be shared with Minnesota Health Care Programs, unless you tell us not to share your information by checking the box in Section 4 of the application. You are not required to share information for this purpose and your decision will not affect your child's economic status as determined on this for.

Do Not Continue - Office Use Only:

<i>Do Not Fill Out: For School Office Use</i> Conversions to Annualize All Income:	X52	X26	X24	X12	X1	Approved				Denied			
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	Household Size:	Free Case Number	Free Foster	Free Income	Reduced Income	Incomplete	Income Too High	Other
\$	<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"/>
Determining Official Signature:							Date:						

Verification

Date Verification Sent: _____ Response Due: _____ Second Notice: _____ Date Received: _____

Result: ☐ No Change ☐ Change From _____ to _____

Reason for Change: ☐ Income ☐ Case Number Not Verified ☐ Foster Not Verified ☐ Refused Cooperation ☐ Other: _____

Signature Verifying Official: _____ Date: _____

Signature Confirming Official: _____ Date: _____