

I DO NOT WISH TO APPLY (Opt Out). Check box & list students & sign application.

**FREE & REDUCED MEALS** Complete one application per household. Please use pen (not a pencil). If questions, call 952-681-6570

**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).

(Children in Legal Foster care are eligible for free meals)

Child's Legal First Name	birth - grade 12	MI	Child's Legal Last name	Birth date	School	Grade	Foster Child
1.							<input type="checkbox"/>
2.							<input type="checkbox"/>
3.							<input type="checkbox"/>
4.							<input type="checkbox"/>
5.							<input type="checkbox"/>

**STEP 2:** Do any Household Members, including yourself, currently participate in any of the following assistance programs:  
If Yes, check the program:  
\_\_\_ SNAP, \_\_\_ MFIP or \_\_\_ FDPIC  
  
If YES, write in the CASE NUMBER, then go to Step 4  
  
  
*(Medical Assistance and WIC do not qualify)*  
If No, go to Step 3

**STEP 3: Report Income for ALL Household Members** (Skip this step if you answered 'Yes' with a case # to STEP 2)

**A. Total of all Children's Income**

Sometimes children in the household earn income from a job or receive income, such as Social Security. Please include the TOTAL income received by all children listed in STEP 1.

Children's Income total	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 college students temporarily away at school) even if they do not receive income. For each Household Member listed, report total gross income (before deductions or taxes). 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.

Not sure what income to include here? Flip the page and review "Sources of Income for Children" and "Sources of income for Adults"

List ALL Adult Household Members (first & last names) who are not in Step 1, including yourself, even if they do not receive income. (A household member is anyone who lives with you and shares income and expenses, even if not related.)	Gross Earnings from Work Total pay before deductions or taxes, in whole dollars (no cents)	Weekly	Bi-Weekly	2x Month	Monthly	Self-Employment (Income after subtracting business expenses)	Monthly	Yearly	All Other Income such as SSI, Unemployment, Public Assistance, Child Support, and others on page two	Weekly	Bi-Weekly	2x Month	Monthly
1.	\$	<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"/>
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"/>
3.	\$	<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.	\$	<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 an Adult Household Member required XXX-XX- Check if no SSN:  Total Household Members (Children & Adults) \_\_\_\_\_

**STEP 4: Contact information and adult signature.** "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." If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs as allowed by state law, and for **other school benefits:** sports fees, activity & class fees, reduced transportation fees, field trips or test fees. This authorization is effective for one year. Check the appropriate boxes below.

Check box to share for other school benefits.  Do not share my information for MN Health Care Programs. (leave the box blank to allow sharing information for Minnesota Health Care Program)

Street Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Household Adult (required) \_\_\_\_\_ Printed Name of adult signing form \_\_\_\_\_ Today's Date \_\_\_\_\_

Do not fill out: For School Use Only	Weekly	Bi-weekly	2x Month	Monthly	Annual	Household Size	Categor. Eligibility	Free	Reduced	Denied
Total Income	<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"/>

Determining Official \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS: Sources of Income**

**Sources of Income for Children**

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

**Sources of Income for Adults**

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

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.

**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, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](#), and at any USDA office; or, 2. Write a letter addressed to USDA; 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 one of the following methods:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
  - (2) Fax: 202-690-7442; or
  - (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)
- This institution is an equal opportunity provide

**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"/>

Confirming Official’s Signature

Date

Selected for Verification – attach Verification Tracker