



Nutritional Services 2021-22

A **NEW** application **MUST** be completed each year. Applications from other school districts **DO NOT** Transfer.

Dear Parent or Guardian:

Fridley Public Schools requests that all households fill out an Application for Educational Benefits (formerly Application for Free and Reduced Meals). **Filling out this application provides the district with benefits that include:** teachers for reading and math intervention as well as small literacy class size, support for English language learners, counselors to support school completion/graduation and college readiness.

If your household qualifies based on federal guidelines, this application will also provide your child with free or reduced price meals.

Please apply online at <https://fridleymn.infinitecampus.org/campus/portal/parents/fridley.jsp> If completed online your eligibility will be determined immediately. For questions please contact Kathy Backstrom at 763-502-5021 or kathy.backstrom@fridley.k12.mn.us.

If you wish to complete a paper copy please fill out the attached application immediately and return to any school office, the enrollment center or mail to Fridley ISD 14, Nutritional Services, 6000 West Moore Lake Drive, Fridley, MN 55432

Fridley Public Schools serve nutritious meals every school day. **ALL** students are eligible to participate in the National School Breakfast Program at **no charge again this school year.** Our no fee for Breakfast can only survive if many students participate. Please encourage your students to eat.

Breakfast is no charge to all students. Elementary lunch price is \$2.60, Fridley Middle and High School lunch price is \$2.85.

All meals served meet nutritional standards as established by the U.S. Department of Agriculture. If a child has been determined by a physician to have a disability which prevents the child from eating the regular meal, call us to find out if we can make modifications or substitutions prescribed by the physician at no additional charge.

Instructions for Completing Your Application

Section 1: Complete household information; include phone numbers. Check the box if this is the first time that you have applied for meal benefits for any of your children at this school district.

Section 2: List **all** children in the household, including foster children, and provide the requested information for each child. List any regular incomes to children such as SSI payments or regular earnings. Do not list occasional earnings like babysitting. **Foster children:** check the "foster child" box for each child who is a foster child (a welfare agency or court has legal responsibility for the child). If all children who need to be approved for school meal benefits are foster children, skip sections 3 and 4.

Section 3: If any member of the household receives public assistance from any of the following three programs, write in the person's name and case number. Check the appropriate program: *Minnesota Family Investment Program (MFIP)*, *Food Support (SNAP)*, or *Food Distribution Program on Indian Reservations (FDPIR)*. A *WIC or Medical Assistance number* **does not** qualify for this purpose. If section 3 is completed, skip income portion of section 4.

Section 4: Write in all adult household members and all incomes. Include all adult persons who live in the household whether related or not. Also include any persons who are temporarily away, such as a student away at college.

For earnings, list **gross income before taxes and other deductions**, not take home pay. You should be able to find your gross income on your pay stub. **DO NOT list hourly rate of pay.** For *farm/self-employment income only*, list net income after subtracting business expenses. 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 each income, fill in a circle to show how often the income is received.

Examples of "other income" to include in the last column are pension, retirement, Veterans (VA) benefits, and disability benefits. **Do not include as income:** foster care payments, federal education benefits, or assistance provided by MFIP, Food Support (SNAP), WIC or FDPIR. Military: Do not include income from the Military Privatized Housing Initiative or combat pay.

Section 5: Leave this box blank if you want to share your school meal eligibility status with these health benefit/insurance programs. Check the boxes if you do not want to share your eligibility status with these programs.

Section 6: The form must be signed by an adult household member. If section 4 of the application has been completed, the signer must provide

the last four digits of their Social Security number unless they indicate that they do not have a Social Security number. Provide address and phone number to assist in processing your application.

2021-22
MAXIMUM HOUSEHOLD INCOME (GROSS – Before Taxes & Other Deductions)

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Add for each additional person	8,399	700	350	324	162

Questions and Answers

Do I have to fill out an Application for Educational Benefits? You **MUST** fill out a new application every year unless your household is notified that the children have been directly certified for free school meals because your household receives certain types of public assistance.

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 children can get free school meals without reporting household income. Also, children can get free or reduced-price meals if their household income is within the maximum income shown for the household size. An application must be submitted each school year. **Read instructions carefully, an Application for Educational Benefits cannot be approved if any required information is missing.**

Do I have to pay for meals while waiting for the processing of the application? Yes. If your application is approved, you will receive notification by U.S. mail within two weeks. You **must** send money for your child’s meals until you receive this notification.

Can foster children get free meals? Yes, foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income. An Application for Educational Benefits must still be filled out for foster children.

I get WIC. Can my children get free meals? Possibly but you must 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.

If I don’t qualify now, may I apply later? Yes. You may apply at any time during the school year if your income goes down, household size goes up, or if you start getting Food Support (SNAP), MFIP, or FDPIR benefits.

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). Include a household member who is temporarily away, such as a college student. Do not include a person who is economically independent and pays their full pro-rated share of all expenses.

What if my income is not always the same? List the amount that you normally get.

Are military housing and supplemental allowances counted as income? Do not include any housing allowance from the Military Housing Privatization Initiative or a Family Subsistence Supplemental Allowance. Include the portion of a deployed service member’s income that is made available to the household, except do not include combat pay or Deployment Extension Incentive Pay.

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. See the back page of the Application for Educational Benefits for more information.

Do I need to provide the last four digits of my SSN? The last four digits of your social security number must be provided when reporting income or, check the box indicating you do not have an SSN. This information is not needed when public assistance case numbers are provided, or, when the application is for a foster child only.

Do I need to notify school officials if my income increases or my household size decreases after I have qualified for free or reduced-price meals? No. Approval for free or reduced-price meals is good for the school year.

Sincerely, Renee Arbogast, Director of Nutritional Services

Kathy Backstrom, Nutritional Services Administrative Assistant



RETURN COMPLETED FORM TO: Fridley ISD 14 – Nutritional Services, 6000 West Moore Lake Drive, Fridley, MN 55432
Application for Educational Benefits 2021-22
School Meal Benefits · State & Federally Funded Educational Programs for Schools
(763) 502-5021

Apply online at
<https://fridleymn.infinitecampus.org/campus/portal/parents/fridley.jsp>

1 HOUSEHOLD INFORMATION Please PRINT information of the **ADULT** signing this application

ADULT/PARENT Last Name		First Name	
Mailing Address			
City	State	Zip	

Home Phone ()
Work Phone ()
Cell Phone ()

OFFICE USE ONLY

Total Household Income: \$ _____
 Household Size: _____ Food Stamps _____
 Date Processed: _____
 Approved: Free
 Reduced
 Denied: Income Too High Incomplete
 Determining Official: _____
 Verification

CHECK HERE IF THIS IS THE FIRST MEAL APPLICATION FOR ANY CHILD LISTED BELOW.

2 CHILDREN - LIST ALL IN HOUSEHOLD, infants, children and students through grade 12, even if they are not related. Include **ALL Foster Children***. Attach additional page if necessary. ***Foster Child** means an agency or court has legal responsibility for the child.

STUDENT	Last Name	First Name	Date of Birth MM/DD/YY	Grade	School Name	Foster Child *	List all Regular Income per Child, if any such as SSI
1.							Month/week \$ _____ per _____
2.							\$ _____ per _____
3.							\$ _____ per _____
4.							\$ _____ per _____
5.							\$ _____ per _____

3 Benefits (if applicable) If any household member receives benefits from a **FOOD** program listed below, check the applicable box and **write in the name of the person receiving benefits & their FOOD CASE NUMBER.**

Name _____	Food Case Number _____
<input type="checkbox"/> Minnesota Family Investment Program (MFIP)	
<input type="checkbox"/> Food Support (SNAP)	
<input type="checkbox"/> Food Distribution Program on Indian Reservation (FDPIR)	

-WIC and Medical Assistance numbers DO NOT QUALIFY

*The child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip sections 3 and 4.

Adults in Household List Full Name Include any college students.	Earnings from Work Gross wages (not take home pay) or net self-employment	How often paid?					Public Assistance, Child Support, Alimony	How often received?				All Other Incomes: pension, retirement, disability, Vets benefits, unemployment	How often received?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly		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"/>
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	\$ _____	<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"/>

Write the name of each adult household member living in your household including yourself, their **GROSS** incomes (*before deductions*) & how often the income is received. **DO NOT** write in hourly wage. For the purpose of school meal benefits, the members of your household are "Anyone who is living with you & shares income & expenses even if not related." Include household members who are temporarily away such as college students. For adults with no income, enter "0" or leave the section blank – this is your certification (promise) that they have no income to report. Attach additional page if necessary.

5 If your children are approved for school meal benefits, this information may be shared with MinnesotaCare and General Assistance Medical Care programs to identify children eligible for Minnesota health insurance programs. See back page for more information. Leave the boxes blank to allow sharing of information

Do **not** share my information with the Minnesota Health Care insurance programs.

6 SIGNATURE, DATE AND SOCIAL SECURITY NUMBER

I certify (promise) that this information is true and that all income is reported. I understand that the school will get federal and state funds based on the information I give. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

SIGNATURE of Adult Household Member (Required) _____ Date _____ Last Four Digits Social Security Number OR _____ Check HERE if signer does not have a Social Security Number

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 MFIP, SNAP or FDPIR assistance number, or 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 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, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Children who qualify for free or reduced-price school meals may qualify for Minnesota Health Care Programs. Your child's status for school meals *may* be shared with Minnesota Health Care Programs unless you tell us not to share your information by checking the box in Step 5 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

Sharing Information with MinnesotaCare and General Assistance Medical Care Programs

Children who are eligible for free and reduced-price school meals may be eligible for Minnesota health insurance programs. Your child's eligibility status for school meals (qualified for free or reduced-price meals) may be shared with the MinnesotaCare and General Assistance Medical Care programs unless you tell us not to share your information by checking the boxes in section 5 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

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, 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:

(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. This institution is an equal opportunity provider.

Children's Ethnic and Racial Identities (Optional)

Please provide the following information, which is used to determine the institution's compliance with civil rights laws. If the information is left blank, a representative of the institution is required to identify the ethnic and racial categories of participants for civil rights reporting.

1. Choose one ethnicity:

Hispanic/Latino Not Hispanic/Latino

2. Choose one or more (regardless of ethnicity):

Asian American Indian or Alaskan Native Black or African American

Native Hawaiian or other Pacific Islander White

VERIFICATION - OFFICE USE ONLY:

Signature – Confirming Official: _____ Date: _____

Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____

Result: No Change Free to Reduced-Price Free to Paid Reduced-Price to Free Reduced-Price to Paid

Reason for Change: Income Household Size Refused Cooperation Other:

Signature – Verifying Official: _____ Date: _____

Date 'Notice of Change' Sent: _____