More Than Just a Meal Application!

Your Application for Educational Benefits helps your family & your schools in many ways.
Every family needs to apply each year, starting July 1. Complete yours at isd477.org/skyward
Questions? Email nutrition@isd477.org or call 763-389-7274.

School Funding

Increased funding for schools supports student programs and allows for smaller class sizes.

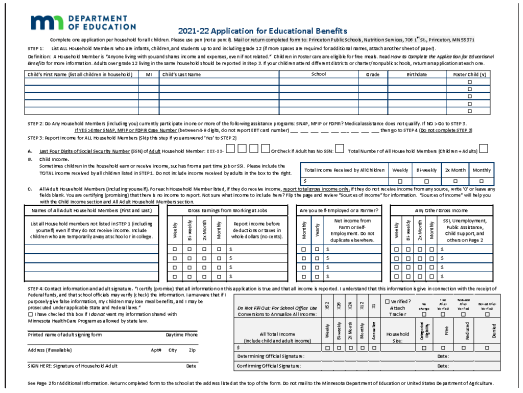
Technology

Increased technology funding means better access for all students, and waives fees for protection plans.

With one application you can get...

Student Programs

Funding for programs such as title and counseling that allow us to provide a world-class education .



DEPARTMENT OF EDUCATION

2021-22 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: Princeton Public Schools, Nutrition Services, 705 1st St., Princeton, MN 55371

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 now to Complete the Application for Educational Benefits for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return one application at each one.

Child's First Name (list all children in household)	M.I.	Child's Last Name	School	Grade	Birthdate	Foster Child (✓)
						☐
						☐
						☐
						☐
						☐

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medicaid assistance does not qualify. If NO, skip to STEP 3.
If YES, enter SNAP, MFIP or FDPIR Case Number (between 6-8 digits, do not report EBT card 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. Last four digits of Social Security Number (SSN) of adult Household Member: XXX-XX- ☐☐☐☐ or check if adult has no SSN. ☐ Total Number of all Household Members (Children + Adults) ☐

B. Child Income.
Sometimes children in the household earn or receive income, such as from part time jobs or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total income received by ALL Children	Weekly	Biweekly	2x/Month	Monthly
$	☐	☐	☐	☐

C. All Adult Household Members (including yourself). For each Household Member listed, if they do not receive income, report no/zero income only. If they do not receive income from any source, write "0" or have any fields blank. Income omitting (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of 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	Biweekly	2x/month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Weekly	Monthly	Net income from farm or self-employment. Do not duplicate elsewhere.	Weekly	Biweekly	2x/month	Monthly	SS, Unemployment, Public assistance, child support, and others on Page 2
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

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."
☐ I have checked this box if I do not want my information shared with Minnesota Healthcare Programs as allowed by state law.

Printed name of adult signing form: ____ Daytime Phone: ____

Address (if available): ____ Apt# ____ City ____ Zip ____

SIGN HERE: Signature of Household Adult ____ Date ____

Do not fill out: For School Office Use Corrections to complete or complete all income.	SD	SD	SD	SD	SD	☐ Verified? Attach Letter			
All Total Income (include child and adult income)	Weekly	Biweekly	2x/Month	Monthly	Annual	Household Size:	No change ☐	Add or Remove Household Member ☐	Free ☐	Reduced ☐	Denied ☐
$	☐	☐	☐	☐	☐			☐	☐	☐	☐

Determining Official Signature: ____ Date: ____

Confirming Official Signature: ____ Date: ____

See Page 2 for additional information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.

School Meals

No cost breakfast and lunch during school, and allows us to provide the free summer meal program.

Activities

Reduced fees for middle and high school activities and athletics, and reduced cost for Community Ed classes.

School Fees

Reduced fees for SAT, ACT, and AP classes. Provides scholarships for preschool and early childhood programs.

PRINCETON PUBLIC SCHOOLS