

Dear Parent/Guardian:

Lakes International Language Academy (LILA) proudly participates in Minnesota's Free School Meals Program where all students in PreK- Grade 12 have access to healthy meals - one breakfast and one lunch - free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important because your child may qualify for other benefits such as reduced sports or activity fees, preschool tuition assistance, and more. Your application may also help LILA qualify for education funds, discounts, and other meal programs.

Who should complete the application?

- Households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or the Food Distribution Program on Indian Reservations (FDPIR).
- Households that include one or more foster children. A welfare agency or court must have legal responsibility for the child(ren). NOTE: Foster, homeless, migrant and runaway children qualify without reporting household income.
- Children whose total household income is within guidelines shown on the chart below. This is **gross** earnings before deductions, not take home pay.
- Children enrolled in the Voluntary Pre-kindergarten program (VPK).

Return the completed application by:

- Scanning and emailing to <u>nutritionservices@MyLILA.org</u>.
- Dropping it off at the front desk of your child's school.
- Mailing to Lakes International Language Academy (see addresses below).

If you have questions or need assistance, contact the Nutrition Services Department by phone at 651-252-6724 or by email nutritionservices@MyLILA.org.

Sincerely,
Jill Rosenthal, BSN, RN, PHN, LSN
Director of Health and School Nutrition Services

2024-2025 MAXIMUM INCOME GUIDELINES

This is **gross earnings before deductions**, not take-home pay. Do not include foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR as income. For military persons, do not include combat pay or assistance from the Military Privatized Housing Initiative. Income guidelines are effective from July 1, 2024 through June 30, 2025.

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Add for each additional person	9,953	830	415	383	192

HOW TO COMPLETE THE APPLICATION FOR EDUCATIONAL BENEFITS

Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- Social Security Number/Total Household Members. An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- Child Income. If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- Adult income. Report the names of adult household members and income earned in this section.
 - o List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
 - o **Gross Earnings from Work**. This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
 - o List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
 - o Are you Self-Employed or a Farmer? List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
 - o **Any Other Gross Income**. List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

Step 4: Signature and Contact Information An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

COMMONLY ASKED QUESTIONS

I get WIC or Medical Assistance. Can my children qualify?

• Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. Please fill out an application.

Who should I include as household members?

• Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

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 you to complete an application.

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 overtime only sometimes. For seasonal work, write in the total annual income.

Will the income information or case number I give be checked?

• It may be. We may also ask you to send written proof.

How will the information be kept?

• Information you provide on the form, and your child's approval, will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

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.