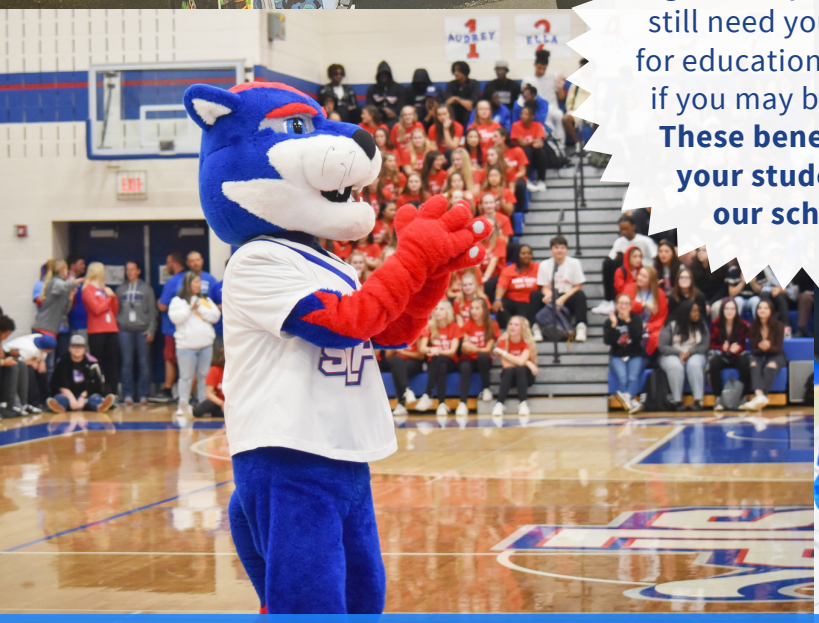
Educational Benefits Application

SLP
BLAINE | FRIDLEY
SPRING LAKE PARK
SPRING LAKE PARK SCHOOLS

2024-2025

School meals for students are free again this year, but we still need you to apply for educational benefits if you may be eligible. **These benefits help your student and our schools.**



Apply for EDUCATIONAL BENEFITS

Educational benefits help your family and our schools

Many families are happily surprised to learn they qualify for a variety of educational benefits. Complete an application each school year and any time a student moves using the enclosed form or the online application.

WWW.SPRINGLAKEPARKSCHOOLS.ORG/BENEFITS

QUESTIONS? Call 763-600-5041

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SPRING LAKE PARK

Application for Educational Benefits 2024-2025

State & Federally Funded Educational Programs for Schools

SPRING LAKE PARK SCHOOLS

**A new application must be completed each year and does not transfer from other school districts. Online applications are available at www.SpringLakeParkSchools.org/benefits*

Return this application form to:

Spring Lake Park Schools - Nutrition Services
1415 81st Avenue NE
Spring Lake Park, MN 55432

1. Household Information Please print information for the adult signing this application

Last Name:	First Name:		Home Phone:
Mailing Address:			Work Phone:
City:	State:	Zip:	Cell Phone:

☐ **Check here if this is the first application for any child listed below.**

2. List all children in household birth through high school, including all foster children*. Attach additional page if necessary.

	Last Name	First Name	Date of Birth *MM/DD/YY*	Grade	School Name	√ if foster child*	If applicable, list all regular income per child (ex. SSI)
1.							$_____ per _____
2.							$_____ per _____
3.							$_____ per _____
4.							$_____ per _____
5.							$_____ per _____

3. Benefits (if applicable) If any household member receives benefits from a program listed below, check the applicable box and write in the name of the person receiving benefits and their case number. Skip section 4.

Name: _____

Case Number: _____

☐ Minnesota Family Investment Program (MFIP)

☐ Food Support (SNAP)

☐ Food Distribution Program on Indian Reservation

*WIC or Medical Assistance numbers **do not qualify***

4. Adult earnings Write the name of each adult household member, their gross incomes (before deductions) and how often the income is received. Do not write in hourly wage. 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.

Adult Full Name *Include college students*	Earnings from work *Gross wages (not take home pay) or net self-employment*	How Often?					Public Assistance, Child Support, Alimony	How Often?					All other incomes *For example pension, retirement, disability, Veterans benefits, unemployment*	How Often?				
		Weekly	*Bi-weekly*	*2x month*	*Monthly*	*Annual*		*Weekly*	*Bi-weekly*	*2x month*	*Monthly*	*Annual*		*Weekly*	*Bi-weekly*	*2x month*	*Monthly*	*Annual*
	$	O	O	O	O	O	$	O	O	O	O	O	$	O	O	O	O	O
	$	O	O	O	O	O	$	O	O	O	O	O	$	O	O	O	O	O
	$	O	O	O	O	O	$	O	O	O	O	O	$	O	O	O	O	O

5. If your children are approved for edeucational benefits, this information may be shared to identify children eligible for Minnesota insurance programs. Leave the boxes blank to allow sharing of information. ☐ *Do not share my information with the MinnesotaCare health insurance program* ☐ *Do not share my information with the General Assistance Medical Care Program*

6. Eligibility information release for educational benefits: ☐ ***Yes,** I authorize the release of eligibility information to Spring Lake Park Schools athletics, fine arts, community education or other school programs for the sole purpose of waiving or reducing the activity/program participation fee.* ☐ ***No,** do not share our eligibility information.*

7. 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 of Social Security Number: _____ OR ☐ Check here if signer does not have a Social Security number

INSTRUCTIONS TO COMPLETE YOUR APPLICATION FOR EDUCATIONAL BENEFITS

2024-2025 Maximum Household Income *(Gross-Before Taxes & Other Deductions)*

The income guidelines are effective July 1, 2024 through June 30, 2025.

Household Size	Income Per Year	Income Per Month	Income Twice Per Month	Income Per Two Weeks	Income 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

Section 1: Household information

- U.S. Citizens **and** Non U.S. Citizens may apply
- Provide information for the adult signing the application
  - o Include phone numbers
  - o Check where you want your result letter sent

Section 2: List all children in the household

- Provide the information for each child in the household, including:
  - o Your children and other household children you provide for
  - o Students enrolled in Spring Lake Park Schools
  - o Students enrolled in other school districts
  - o Babies and pre-school children
  - o 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 are foster children, skip sections 3 and 4
- List any regular incomes to children such as SSI payments or regular earnings
- Do not list occasional earnings like babysitting

Section 3: Benefits

- If any member of the household receives public assistance from any of the three listed programs, write in the person's name and case number and check benefit box
  - o Minnesota Family Investment Program (MFIP)
  - o Food Support (SNAP)
  - o 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

This institution is an equal opportunity provider. The Privacy Act Statement, Sharing Info with MNCare & GA, and the Nondiscrimination Statement are available at SpringLakeParkSchools.org/benefits.

Section 4: Adult earnings

- Write in **all adult household members and all incomes**, including:
  - o Yourself
  - o All people who live in the household (whether related or not)
  - o Grandparents
  - o Other relatives
  - o Friends
  - o College students
  - o Any persons who are temporarily away, such as a student away at college
- Do not include a person who is economically independent and pays their full pro-rated share of all expenses
- **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
- Fill in a circle to showing how often the income is received
- 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
  - o This is your certification (promise) that there is no income to report for these adults
- 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: Sharing eligibility for insurance

- Leave these boxes blank if you want to share your school eligibility status with these health benefits/insurance programs
- Check the boxes if you do not want to share your eligibility status with these programs

Section 6: Eligibility information release

By checking "Yes," you approve of releasing your eligibility information to Spring Lake Park Schools athletics, fine arts, community education or other school programs for the sole purpose of waiving or reducing the activity/program participation fee. Also, if you contact Comcast or CenturyLink, there may be additional services available to you, including reduced Internet service rates.

Section 7: Signature, date and social security

- An adult household member must be sign and date the form
- 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

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NON-PROFIT ORG.
U.S. POSTAGE
P A I D
TWIN CITIES, MN
PERMIT 1174

District Services Center
1415 81st Avenue NE
Spring Lake Park, MN 55432

SpringLakeParkSchools.org

Families can complete an online application, available in multiple languages at
WWW.SPRINGLAKEPARKSCHOOLS.ORG/BENEFITS

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WWW.SPRINGLAKEPARKSCHOOLS.ORG/BENEFITS

يمكن للعائلات إكمال طلب عبر الإنترنت على
WWW.SPRINGLAKEPARKSCHOOLS.ORG/BENEFITS

Cov tsev neeg tuaj yeem ua daim ntawv thov online ntawm
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Qoysasku waxay ku buuxin karaan arjiga khadka tooska ah ee
WWW.SPRINGLAKEPARKSCHOOLS.ORG/BENEFITS

Las familias pueden completar una aplicacion en línea en
WWW.SPRINGLAKEPARKSCHOOLS.ORG/BENEFITS

Các gia đình có thể điền đơn đăng ký trực tuyến tại
WWW.SPRINGLAKEPARKSCHOOLS.ORG/BENEFITS

Apply for BENEFITS

You could be eligible for many great benefits that help your student and our schools

Reduced fees for ***Athletics and Activities***

Funding for ***Student Programs and Services and Needed Staff***

Reduced registration fees for ***AP Tests and College Applications***

Reduced fares on Metro Transit through the Transit Assistance Program. Anyone in a household with a student receiving educational benefits is eligible to receive this reduced fare.

Reduced fees for in-home internet access. This benefit helps with affordable internet costs for eligible households through Internet Essentials by Comcast.