MANKATO AREA PUBLIC SCHOOLS
MINNESOTA FREE SCHOOL MEALS
2025-2026 SCHOOL YEAR

Minnesota Free School Meals program to continue.

An Application for Educational Benefits still needs to be filled out!

Every student may receive one breakfast and one lunch at no cost during the school day. However, the cost of a la carte items such as extra milk, other drinks, or extra meal items will not be covered. Students will need to have funds in their meal accounts to purchase any additional food items.

If you believe your household may qualify, please complete and return the attached application to our address or to your child's school. You can also apply in the Infinite Campus Parent Portal by clicking on the "More" tab, then the "Meal Benefits" tab.

What is the Minnesota Free School Meals Program?
The Minnesota Free School Meals Program provides state reimbursement to schools that participate in the National School Lunch Program and School Breakfast Program so that students can have one breakfast and one lunch at no cost at school.

Can the meals be picked up or brought home?
No. Meals may not be taken off campus, sent home, delivered, or picked up by parents or others.

Do I still need to complete the Application for Educational Benefits?

- YES! It is important for families to complete the Application for Educational Benefits. Applications for Educational Benefits determine how much funding your child's school receives for educational programs and supports. Additionally, eligible families may qualify for other benefits, such as:
- WIC Benefits
- Reduced or free athletic or activity fees; music rental fees
- Reduced fees for in-home internet
- Community Education offers class scholarships and discounts

What is included in the MN Free School Meals Program?
Our schools participate in Offer versus Serve. This allows students to choose what items they want to include to make up their meal.

- At breakfast, the student must choose at least 3 items to be counted as a reimbursable meal. The student must choose a ½ cup serving of fruit or vegetable as part of their breakfast.
- At lunch, the student must choose at least 3 components to be counted as a reimbursable meal. The student must choose a ½ cup serving of fruit or vegetable as part of their lunch.

What is NOT included in the MN Free School Meals Program?
Single item purchases and non-reimbursable meals are not free. Some examples include:

- Extra carton of milk
- Ala Carte or extra items at secondary schools
- Second entrée
- A second breakfast or a second lunch
- Meals that do not meet the minimum requirements
- Meals served to teachers, staff, and other adults

Meal Account Payments for Ala Carte and Negative Balances

All lunch accounts must have a positive balance. If your student has a negative lunch balance, please deposit money in their account to clear up the balance due. Accounts that are not cleared up may be submitted to collections. Please note there will be additional fees assigned on this debt once it is sent to the collection agency.

To check your student's account balance, log into Infinite Campus Parent Portal and click on the Food Service tab.

To make a payment:

- **Cash or check**
  Add money into the meal account by mailing, dropping off, or sending a check or cash to the school. Please make a note of how much money is to go into each child's account.
- **Electronic**
  You can check your student's meal account balance or add money into the account by using a credit or debit card in the Parent Portal (online or on the Campus Parent Portal app). You can make one-time payments or set up automatic recurring payments on a day that works for you. Click on "Food Service" on the left. There is no fee for online deposits!

Special Dietary Needs

Regulations require that lactose-reduced milk be made available to any student with a written request from a parent or guardian. If your child needs lactose-reduced milk, please submit the completed Lactose Intolerance Form to the nutrition services office.

All other requests for accommodations require a written statement from a licensed physician using the Special Diet Form. The statement must include both the items the student cannot eat and the items that may be substituted for them. Although an annual update is not required, the district may request an updated document as needed. Return original, completed Special Diet Form to the nutrition services office. All requests for modifications will be evaluated on a case-by-case basis. Lactose Intolerance Form and Special Diet Form can be found on the nutrition services website, or contact our office.

Please note: Child Nutrition staff members are not trained medical providers and will never determine if a child can or cannot eat a particular item. That decision belongs only to parents, guardians or licensed medical providers. Parents or guardians are welcome to visit our kitchens and review the ingredient statements on labels at any time by making an appointment with the manager. However, ingredients may change at any time without notice by the manufacturer.

Mankato Area Public Schools Nutrition Services
PO Box 8741
Mankato, MN 56002-8741
507-388-7442
nutritionservice@isd77.org

For more MAPS meal information log on to
https://www.isd77.org/experience/departments/nutrition-services

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Mankato Area Public Schools

PO Box 8741 · Mankato, MN · 56002

Darcy Stueber, Director of Nutrition Services

dstueb1@isd77.org (507) 388-7442

Dear Parent/Guardian:

Our school offers healthy meals each day. All students can get 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! Your application may help the school qualify for education funds.

To apply, complete the enclosed Application for Educational Benefits and return it to: Mankato Public Schools, Nutrition Services, PO Box 8741, Mankato MN 56002-8741

Who should complete this application? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

COMMON 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.

If you have other questions or need help, call 507-388-7442

Sincerely,

Darcy Stueber, Mankato Public Schools, Director of Nutrition Services

2025–26 Application for Educational Benefits

Mail or return completed form to: Mankato Public Schools , Nutrition Services, PO Box 8741, Mankato MN 56002-8741

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." Read *How 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 children in the household attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (V)
						☐
						☐
						☐
						☐
						☐

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. **If NO** > Go to STEP 3.
If YES >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 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 a part time job 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	Bi-weekly	2x Month	Monthly
$	☐	☐	☐	☐

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. 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 information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All 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	Bi-weekly	2x Month	Monthly	Report income **before deductions or taxes** in whole dollars (no cents).	Monthly	Yearly	**Net income** from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, 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 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 Health Care Program 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 Conversions to Annualize All Income:	X52	X26	X24	X12	X1	☐ **Verified? Attach Tracker**	No change ☐	Free After Verified ☐	Reduced After Verified ☐	Denied After Verified ☐
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	**Household Size:**	Categorical Eligibility	Free	Reduced	Denied
$	☐	☐	☐	☐	☐		☐	☐	☐	☐
Determining Official Signature:								**Date:**		
Confirming Official Signature:								**Date:**		

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Step Two: Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
• Earnings from work • Social Security a. Disability payments b. Survivor's benefits • Income from person outside the household • Income from any other source	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
• Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing	• Cash Assistance from State or local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

At public school districts and charter schools, each student's eligibility status also is recorded on a statewide computer system used to report student data to MDE as required by state law.

Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) **mail:** 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:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov

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