

**AN IMPORTANT MESSAGE FROM  
CAMBRIDGE ISANTI SCHOOLS FOOD SERVICE DEPARTMENT**

Dear **Parent / Guardian**,

Welcome to Cambridge Isanti Schools. Please find below some information regarding Food Service. When your child is enrolled in our school district an account is automatically created. We do have family meal accounts so if you have more than one child enrolled in the district they will each have a keypad number, but they will share one account for the family.

Our school offers healthy meals each day. We will again be participating in Minnesota's Free School Meals Program. 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 child(ren) may qualify for other benefits like reduced fees for Athletics and Activities, Community Education, ACT/AP Testing and more. Your application may also help the school qualify for education funds, discounts, and other meal programs.

Extra Milk: K-12 \$.50

**FREE AND REDUCED MEAL APPLICATIONS**

Applications can be submitted online by logging into Family Access and choosing Food Service. Applications must be completed each school year and should be received before the first day of school to ensure your child(ren) receive the Free/Reduced benefits for the first day of meals. If you don't qualify at this time, but have a change in income or family size during the school year, you may reapply for Free/Reduced meals at any time. When your application has been processed you will receive a letter emailed to you or in the mail stating your eligibility.

**Free and Reduced Eligibility Letter:** Your children may qualify for a reduced fee for Activities / Athletics and Community Education classes based on your approval for Free and Reduced meals. **Please retain the letter of approval received from Food Service. It is your responsibility to share your approval letter with these departments, when paying for activities for your children, to qualify for the reduced fee.**

**FOR YOUR CONVENIENCE, WE OFFER SEVERAL PAYMENT OPTIONS**

**\*\*\*LIVE** MasterCard, Visa or Discover credit or debit card or checking account information. No more worrying about the 10:00 am deadline. Immediately after you enter your payment, it is available to your students for their meal purchases. Go to [www.c-ischools.org](http://www.c-ischools.org) , choose **Family Access**, and follow the prompts.

**Service Fee:** We are happy to announce that there is **never** a service fee for any type of payment to your family food service account.

**\*\*\*Low Account Balance Reminder:** You can sign up to have an e-mail reminder sent to you when your family account balance falls below \$10.00. Go to **Family Access** and choose **E-mail Notification** in the left hand column.

**Automated Payments:** Please consider setting up automated payments! This feature can be enabled through Family Access → Food Service → Select Student → Make Payment → Enable Auto Replenish

**Payment Drop Boxes:** Located in the office at each school and at the Food Service Office in the Education Services Center at 625A Main St. North in Cambridge. Payments placed in the drop boxes by 10:00 a.m. will be credited to the account the same day. Payments made after 10:00 a.m. will be credited to the account the following day.

**Cash Payments:** Place cash payments in a sealed envelope with the student(s) **first and last name** and **key pad number** printed legibly on the envelope. This is very important to ensure placement of payments in the correct account.

**Check Payments:** Please print the student(s) first and last name and key pad number in the memo section of the check. This is very important to ensure placement of payments in the correct account.

**Student Information:** The Skyward Student Management System allows parents/guardians to access student information over the internet. This program enables parents/guardians to view their student's current and previous lunch purchases, food service payments, account balance, as well as student academic information.

**Ala Carte Items:**

**If you do not wish for your child(ren) to purchase ala carte items or you wish to set a daily limit:**  
This can be modified at Family Access→Select Student→Food Service→Set Purchase Limit→"Set Purchase Limit/Do Not Allow:→Save

**Insufficient Funds Policy:**

**The following procedures are in accordance with Board Policy 534 – Food Service Management. All District policies may be reviewed at <http://www.c-ischools.org/policy-manual>**

**The school district will make reasonable efforts to notify families when meal account balances are low or negative.**

**Students can purchase a breakfast and lunch regardless of their account balance. When a student has a negative account balance, the student will not be allowed to purchase A la Carte items such as a milk, second entrée or any other item considered to be A la Carte.**

**Questions:**

If you have any questions or concerns, please feel free to give us a call.

Food Service Office:

Cheryl Williams, Food Service Administrative Assistant  
763-689-6210

Debbie Knickerbocker, Administrative Assistant to the Food Service Director  
763-689-6237

Have a great year!

Nathan Huff, SNS  
Food Service Director

**Our Mission Statement**

To serve healthy school meals that provide energy and nutrients children need for sound minds and bodies, and to promote healthy eating habits through education and encouragement.



## Cambridge Isanti Schools Food Service Department

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: **CI Food Service Department**  
**625A Main St North**  
**Cambridge, MN 55008**  
**Fax: 763-689-6200 Attn: Debbie**

**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 Debbie at 763-689-6237.

Sincerely,

Nate Huff, SNS  
Food Service Director

## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2025–26 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2025 through June 30, 2026.

### Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Add for each additional person	10,175	848	424	392	196

### 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 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 in this section.
  - **List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.**
  - **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.
  - 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.
  - **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.
  - **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 eligibility. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

## 2025–26 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil).

**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)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**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
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)
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.

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income <b>before deductions or taxes</b> in whole dollars (no cents).
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

**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	<input type="checkbox"/> <b>Verified? Attach Tracker</b>	No change	Free After Verified	Reduced After Verified	Denied After Verified	
	Weekly	Bi-weekly	2X Month	Monthly	Annualize		Categorical Eligibility	Free	Reduced	Denied	
<b>All Total Income</b> (Include child and adult income)						<b>Household Size:</b>					
\$	<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"/>	
<b>Determining Official Signature:</b>								<b>Date:</b>			
<b>Confirming Official Signature:</b>								<b>Date:</b>			

## 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
<ul style="list-style-type: none"> <li>Earnings from work</li> <li>Social Security                             <ol style="list-style-type: none"> <li>Disability payments</li> <li>Survivor’s benefits</li> </ol> </li> <li>Income from person outside the household</li> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

### Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses (before deductions or taxes)</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:                             <ol style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Cash Assistance from State or local government</li> <li>Supplemental Security Income</li> <li>Unemployment benefits</li> <li>Worker’s compensation</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran’s benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security</li> <li>Disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

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, audiotope, 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.