

**OFFICE USE ONLY**  
 Household Size \_\_\_\_\_ Total HH Income \$ \_\_\_\_\_  
 Approved: Case # - Free Income - Free Foster - Free Reduced  
 Denied: Income Incomplete  
 Determining Official: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_

**2025 - 2026 Application for Free or Reduced-Priced School Meals**  
**Return Completed Application Directly To Nutrition Services At The District Office:**



**Mail To:** Minnetonka Nutrition Services **Fax:** 952-401-5092  
 5621 County Road 101 **Email:** [kristen.turnblad@minnetonkaschools.org](mailto:kristen.turnblad@minnetonkaschools.org)  
 Minnetonka, MN 55345 **Questions:** 952-401-5034

**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 your children attend different Districts or charter/nonpublic schools, return an application at each one.

Child's First Name	MI	Child's Last Name	Birthdate (mm/dd/yy)	School	Foster Child?
					<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 FDIPIR?** Circle One: YES / NO

If you answered **NO** > Complete STEP 3. If you answered **YES**: Enter SNAP, MFIP, FDIPIR Case Number (between 4 -9 digits, do not report EBT Card Number) **Case Number:** \_\_\_\_\_  
 Medical Assistance does not qualify. 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)

The **Sources of Income for Children** section on the back of this application will help you with the **Child Income** question.  
  
 The **Sources of Income for Adults** section on the back of this application will help you with the **All Adult Household Members** section.  
  
**Gross Income is income before taxes or any deductions**

**A. 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.

**B. All Adult Household Members (including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report **total Gross Income (before deductions or taxes)**. 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. Include children who are temporarily away at school or in college.

**Total Income Received by All Children**

\$				
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Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**All Other Income: SSI, Unemployment, Child Support.** Complete list of incomes on the back page of this application.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs	How Often?	All Other Income	How Often?	Net Income from Self-Employment	How Often?
	\$	Weekly Bi-Weekly 2x Month Monthly	\$	Weekly Bi-Weekly 2x Month Monthly	\$	Monthly Yearly
	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/>
	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/>
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	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/>

**Total Number of All Household Members (Children + Adults)** \_\_\_\_\_ **Last Four Digits of Social Security Number (SSN) of Adult Household Member** X X X X \_\_\_\_\_ **No SSN Number? That's ok, check this box:**

**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."

Street Address (if available) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Printed name of adult completing the form \_\_\_\_\_ **Signature of adult completing the form** \_\_\_\_\_ Today's date \_\_\_\_\_

**Sources of Income for Children**

Sources of Child Income	Examples
<ul style="list-style-type: none"> <li>• Earnings from work</li> <li>• Social Security                             <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor's Benefits</li> </ul> </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	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:                             <ul 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> </ul> </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, 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. 20250-9411 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.

**VERIFICATION - OFFICE USE ONLY:**

Signature – Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_

**Result:**  No Change  Free to Reduced-Price  Free to Paid

Reduced-Price to Free  Reduced-Price to Paid

**Reason for Change:**  Income  Household Size  Refused Cooperation  Other: \_\_\_\_\_

Signature – Verifying Official: \_\_\_\_\_

Date: \_\_\_\_\_

Date 'Notice of Change' Sent: \_\_\_\_\_

# WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs  
2025 - 2026 School Year

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

- Yes! I DO** want the District Nutrition Services Department to share information from my Free and Reduced-Price School Meals Application with the **Transportation Department**.
- Yes! I DO** want the District Nutrition Services Department to share information from my Free and Reduced-Price School Meals Application with: \_\_\_\_\_
- Yes! I DO** want the District Nutrition Services Department to share information from my Free and Reduced-Price School Meals Application with: \_\_\_\_\_

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call Kristen Turnblad at 952-401-5034 or email at [Kristen.turnblad@minnetonkaschools.org](mailto:Kristen.turnblad@minnetonkaschools.org)

Return this completed form to: [Kristen.turnblad@minnetonkaschools.org](mailto:Kristen.turnblad@minnetonkaschools.org)

OR

Minnetonka Nutrition Services  
5621 County Road 101  
Minnetonka, MN 55345

(Please turn this page over for the Non-Discrimination Statement)

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1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
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3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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