

Free and Reduced Eligibility Release of Information

Dear Parent/Guardian

Thank you for completing the Application for Educational Benefits included in this packet. The Free and Reduced Meal Program provides free, nutritious meals to students and benefits the Saint Peter School District.

Often times there are additional programs and opportunities that are available to families who qualify for the Free and Reduced Meal Program. Examples *may* include: drawings for groceries during the holidays, invitations to enroll in the Children's Weekend Food Program, school supplies through the Friends of Learning Program, as well as others. Free and Reduced eligibility is confidential information and is not able to be released to school personnel such as social workers without permission.

If you would like to receive information about programs like the ones above and give permission for your family's eligibility information (no financial information will be shared) to be shared with school social workers for educational purposes, please provide permission below and return this form with your Application for Educational Benefits.

Thank you so much for your consideration and should you have any questions please call me at 507 934-2754 ext. 230 or email at yprafke@stpeterschools.org.

Ytve Prafke- Special Programs Administrator
Saint Peter Schools

Parent Name _____

Student Name and Grade:

NAME

GRADE

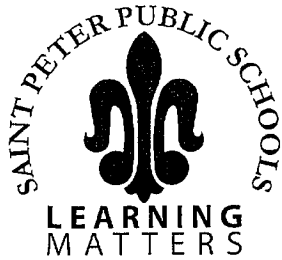
Please use the back if additional space is needed.

_____ Yes, I give permission for my family's Free and Reduced Meal eligibility to be shared with school social workers and building principals for educational purposes.

_____ No, I DO NOT give permission for my family's Free and Reduced Meal eligibility to be shared with school social workers and building principals for educational purposes.

Parent/Guardian Signature

Date



DISTRICT OFFICE
100 Lincoln Drive, Suite 229
Saint Peter, MN 56082-1351
507-934-5703 (Office)
507-934-2805 (Fax)
www.stpeterschools.org

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.30; lunch costs \$2.70 for Grades K-6, \$2.75 for Grades 7-8 and \$2.85 for Grades 9-12.

To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. If you don't qualify now, you may apply at any time during the school year. Your application also helps our school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals and breakfasts for kindergarten students. Therefore

- All students who qualify for free or reduced price meals will receive free lunches and breakfasts.
- All kindergarten students will receive breakfast at no charge.

Return your completed Application for Educational Benefits to: **St. Peter Public Schools**
Attn: Shirley Nickel
100 Lincoln Drive – Suite 224
St. Peter, MN 56082

Who can get free or reduced-price meals? 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 can get free school meals without reporting household income. Or, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

I get WIC or Medical Assistance. Can my children get free meals? Children in households participating in WIC or Medical Assistance *may* be eligible for free meals. Please fill out an application.

Who should I include as members of my household? 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 your children to qualify for free or reduced-price school meals.

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.

Will the information I give be checked? Yes, and we may also ask you to send written proof.

How will the information I provide be kept? Information you provide on the form, and your child's approval for school meal benefits, will be protected as private data. For more information see the back page of the Application for educational Benefits.

If you have other questions or need help, call **507-934-5703 Ext 224**.

Sincerely,

Ytve Prafke
Food Service Director

How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2016-17 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or 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, 2016 through June 30, 2017.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

Step 1 Children

List all infants and children in the household, their birthdate and, if applicable, their grade and school. Attach an additional page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child). Please provide the requested information on ethnicity and race for each child. This information is not required and does not affect approval for school meal benefits. The information helps to make sure we are meeting civil rights requirements and fully serving our community.

Step 2 Case Number Circle Yes or No to show whether any household member currently participates in any of the three assistance programs listed in Step 2. If you answer Yes, write in the case number and go to Step 4 (skip Step 3). If you answer No, continue on to Step 3. WIC and Medical Assistance (M.A.) do not qualify for this purpose.

Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- 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. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number.
- Regular incomes to children – 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. Do not include occasional earnings like babysitting or lawn mowing.

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.

**Application for Educational Benefits – School Year 2016-17
School Meals • State and Federally Funded Programs**

Step 1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	School	Grade	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Optional - Is the child Hispanic/Latino? If yes, fill in the circle.	Optional - Racial Identity * Fill in one or more circles for each child.						
								American Indian	Asian	African American	Pacific Islander	White		
						<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

Step 2 Do any Household Members, including yourself, currently participate in any of the following assistance programs: SNAP, MFIP or FDPIR? Circle one: **Yes** **No**
Medical Assistance and WIC do not qualify. If No > Go to STEP 3. If Yes > Write in the CASE NUMBER here: then go to STEP 4.

Step 3 A. List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you answered "yes" to STEP 2 or if all participants are foster children.)

Adults - Full Name For the purpose of school meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.	Gross Pay from Work <i>Do not write in an hourly wage.</i>			Farm or Self-Employment Net Income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony Payments received.			All Other Incomes Pension, retirement, disability, unemployment, Veterans benefits, etc.						
	Gross pay before deductions (not take-home pay).	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
\$	<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"/>	<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"/>	<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"/>	<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. Last four digits of signer's Social Security Number (SSN) or no SSN (required): C. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?
 - or I don't have a Social Security Number.
 TOTAL regular incomes of children, if any: \$ Weekly Bi-Weekly 2x Month Monthly

Step 4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws. The information I provide may be shared with Minnesota Health Care Programs as allowed by state law, unless I have checked this box: Do not share my information with Minnesota Health Care Programs.

Signature of Adult Household Member (required) _____ Date: _____
 Print Name: _____ Home Phone: _____ Zip _____ City _____ Work Phone: _____

Address: _____
 Office Use Only Total Household Size: _____ Total Income: \$ _____ per _____ Approved: Case Number - Free Foster - Free Income - Free Income - Reduced-Price Denied: Incomplete Income Too High Signature of Determining Official: _____ Date: _____

Is this form required?

This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or
- (2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR).

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information, but if you do not we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (MDE) as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 4 to not share information for that purpose.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form (AD-3027)* found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail to 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 to (202) 690-7442; or (3) email to program.intake@usda.gov. This institution is an equal opportunity provider.

Office Use Only: Verification

Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____

Result: No Change Free to Reduced-Price Free to Paid Reduced-Price to Free Reduced-Price to Paid
Reason for Change: Income Case number not verified Foster not verified Refused Cooperation Other: _____

Signature of Confirming Official: _____ Date: _____ Signature of Verifying Official: _____ Date: _____



St. Peter Public Schools Breakfast Program

St. Peter Public Schools offers a Grab and Go Breakfast Program for grades K-12. The cost is \$1.25 per student with additional offerings available as an ala carte purchase. The program is designed to provide students a healthy start to the day with the flexibility to bag up items and get students to where they need to be as soon as possible.

Breakfast is FREE if your family qualifies for Free or Reduced price meals.

Breakfast is Free for ALL Kindergarten students.

Additional Ala Carte items must be paid for.

Be sure to fill out the application.

St. Peter Public Schools “Grab and Go” Breakfast Menu

Daily Offerings

Take one or two of the following:

Milk – 8 oz

Fruit Juice – 4 oz

Fresh Fruit

Additional items taken ala carte are \$0.35 (milk) & \$.50 (fruit or juice)

Take two of the following:

Ultimate Breakfast Round

Pop Tarts

Muffins

Bagels

Cereal

Yogurt

Cereal

Cheese Stick

(Additional items taken ala carte are \$0.60 each)

Does your child have health insurance?

If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify.

Your child may qualify if your household income is below:

Family size	Monthly income	Yearly income
2	\$3,675	\$44,110
3	\$4,629	\$55,550
4	\$5,582	\$66,990
5	\$6,535	\$78,430

Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit <http://mn.gov/dhs/people-we-serve/adults/health-care/>. The income limits above are valid until June 30, 2017.

To get a MNsure application for health coverage and help paying costs (DHS-6696):

■ Print one from <http://mn.gov/dhs/people-we-serve/adults/health-care/>

■ Call 877-KIDS-NOW toll free

■ Call Le Sueur County Dept of Human Services
(507) 357-8288

Nicollet County Social Services
(507) 934-8559

88 South Park Avenue
Le Center, MN 56057

622 S Front Street
St. Peter, MN 56082



Minnesota Department of
Education