

Le Sueur-Henderson Public Schools

Independent School District 2397

115 North Fifth Street, Suite 200 Le Sueur, MN 56058 Phone: (507) 665-4600 • www.isd2397.org • Fax: (507) 665-6858

Dear Parent/Guardian: 2020-21 School Year

Our school provides healthy meals each day. Meal prices for the 2020-21 school year are breakfast \$1.50, elementary lunch \$2.75 and middle/high school lunch \$2.90.

Your child(ren) may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students will receive breakfasts at no charge.

Return your completed Application for Educational Benefits to: Juanita Flores, ISD 2397, 115 North 5th Street, Suite 200, Le Sueur, MN 56058

Who can get free school 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. Alternatively, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions. To apply for free school meals, please complete the Application for Educational Benefits form.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance do not automatically qualify for free meals. Children may be eligible for free or reduced-price school meals 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 child(ren) do not have to be U.S. citizens for your child(ren) 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. 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 status for school meal benefits, 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 receiving SNAP, MFIP, or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, please call 507-665-4602 or email sflores@isd2397.org.

Sincerely,

Juanita Flores
Administrative Assistant

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2020-21 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, 2020 through June 30, 2021.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Add for each additional person	8,288	691	346	319	160

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



2020-21 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: ISD 2397, Attn: Juanita Flores, 115 N 5th 200, Le Sueur, MN 56058

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). STEP 1:

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. 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 (list all children in household)	Child	Child's Last Nam	lame				School	 -			Grade		Birthdate	te	Foster C	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	participa	te in or	e or mo	re of th	e following assistance progran	ns: SNAP, l	MFIP or	r FDPIR	? Med	ical as	sistance do	es not qu	alify. If	NO > Go t	to STEP 3.	
I TES ZEILLEI SINAP, IMFIP OF FUPIR CASE NUMBER (DELWEEN 4	Number	ewied)	en 4-9 u	ıgıts, ac	t-9 aigits, ao not report EBT cara number)					1		80 to 21E	4 (<u>U</u>	เาดา รดเมเร	then go to ster 4 (<u>Do not complete ster s</u>)	
STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	step if yo	ıu answ	ered 'Ye	s' to ST _	.e 2)]]			L	Г							
A. Last Four Digits of Social Security Number (SSN) of <u>Adult</u> Household Member: XXX-XX-	: Househ	old Me	nber: 🗴	-xx-x		Or Check if Adult has No SSN :	s No S	SN:	<u>٩</u>	tal Nu	nber of All	Househo	ld Men	l bers (Chi	Total Number of All Household Members (Children + Adults)	ts)
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 hox to the right	come, su	uch as f	om a pa	irt time	a part time job or SSI. Please include the		otal Inc	ome R	eceive	d by A	Total Income Received by All Children	Weekly		Bi-weekly	2x Month	Monthly
		5		5) • • •		φ.										
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 sources, 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.	each Hou o income embers	sehold to rep section	Member ort. Not	r listed, sure wł	mber listed, if they do receive income, report total gross income only. If they do not receive income from any source, write 'O' or leave an Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you	oort total gr ip the page	oss inc and re	come o	nly. If	they d	o not receiv come" for	e income informati	from a on. "So	ny source urces of I	, write '0' or ncome" will h	leave any help you
Names of All Adult Household Members (First and Last)			iross Ea	rnings f	Gross Earnings from Working at Jobs	Are	you Se	lf-Emp	loyed	or a F	Are you Self-Employed or a Farmer?		An	Other G	Any Other Gross Income	
liet all Household members not listed in CTED 1 (including	1			ا۸	Possoni tropod	۱۸	,	_	Net income from	ome fi	om	٨			SSI, Unemployment,	loyment,
yourself) even if they do not receive income. Include		-reep	Meek	րդազ	deductions or taxes in	уцтис	eauγ		Farm	Farm or Self-	0	66Kl	Mon.	րդազ	Public Assistance,	stance,
children who are temporarily away at school or in college.				PM	whole dollars (no cents).	PΜ	У	<u> </u>	duplicate elsewhere.	elsew	here.	M			others on Page 2	ort, and Page 2
					\$			\$						\$	10	
					\$			\$						\$		
					\$			\$						\$	10	
					\$			\$						\$	10	
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 give in connection with the receipt on	omise) tl	hat all in	ıformati	on on t	nis application is true and that	: all income	is rep	orted. I	nnde	stand	that this in	formation	is give ו	in connec	ction with the	e receipt c
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	ntormati venefits,	on. I an and I m	ay be ay	that II			-		t	ō		☐ Verified?	:	Free	Reduced	
prosecuted under applicable State and Federal laws."	ed with				Do Not Fill Out: For School Office Use	I Office Us	SX.	XZX	7ZX	ΣTX	TX	Attach Tracker	change	Verified	Arter Verified	Verified
Minnesota Health Care Program as allowed by state law.									ц	٨l					pe	.
Printed name of adult signing form	Daytir	Daytime Phone	e		All Total Income (Include child and adult income)	e income)	Weekl	l99w-i8	noM X2	Month	ileunnA J	Household Size:	inogeteD illidigil∃	991]	уедпсе	Denie
Ctract Addrace (if available)	÷	Zin	۱ ,		\$											
		7	,		Determining Official Signature:	ture:								Date:		
SIGN HERE: Signature of Household Adult		Date	به ا		Confirming Official Signature:	nre:								Date:		

OPTIONAL: Children's Racial and Ethnic Identities

affect your children's eligibility for free or reduced price meals. Respond to both Step One, Ethnicity and Step Two, Race. 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

Step Two: Race (check one or more):	Step One: Ethnicity (check one):
Step Two: Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native I	Step One: Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
ian 🔲 Black or African American 🗌	
Native Hawaiian or Other Pacific Islander 🔲 White	
☐ White	

INSTRUCTIONS: Sources of Income

Sources of Income for Children

• • •
Earnings from work Social Security a. Disability Payments b. Survivor's Benefits Income from person outside the household
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•

Sources of Income for Adults

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

benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for 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 is not required when you apply on behalf of a foster child or meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must

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

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 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 conducted or funded by USDA

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 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 languages other than English.

http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office; or, 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, To file a program complaint of discrimination, you have two options: 1. Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at Filing a Program Discrimination Complaint as a USDA Customer, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

- (1) Mail: U.S. Department of Agriculture
- Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
- Washington, D.C. 20250-9410;
- (2) Fax: 202-690-7442; or (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



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SHARING ELIGIBILITY STATUS WITH OTHER PROGRAMS

Dear Parent/Guardian:

other programs for which your child(ren) may c	us from your Application for Educational Benefits may be shared with ualify. For the following programs, we must have your permission to n will not change whether your child(ren) get free or reduced price meals
No! I DO NOT want my eligibility status programs.	from my Application for Educational Benefits shared with any of these
	my eligibility status from my Application for Educational Benefits for e free or reduced status determines the fee structure.
Yes! I DO want school officials to share ECFE and School Readiness programs f	my eligibility status from my Application for Educational Benefits with or determining class/tuition fees.
Yes! I DO want school officials to share the Activities Director for cocurricular	my eligibility status from my Application for Educational Benefits with activity fee waivers.
If you checked yes to any or all of the boxes about the programs you checked.	ve, fill out the form below. Your eligibility status will be shared only
Child's Name:	School:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	

For more information, you may contact Juanita Flores at 507-665-4602 or sflores@isd2397.org. Return this form to: Juanita Flores, ISD 2397, 115 North 5th Street, Suite 200, Le Sueur, MN 56058

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, you have two options: 1. Complete the <u>USDA Program Discrimination</u> <u>Complaint Form</u>, (AD-3027) found online at <u>Filing a Program Discrimination Complaint as a USDA Customer</u>, http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office; or, 2. Write a letter addressed to USDA; 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 one of the following methods:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: 202-690-7442; or

(3) Email: program.intake@usda.gov.

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