

Food & Nutrition Coordinator

INDEPENDENT SCHOOL DISTRICT NO. 31

502 MINNESOTA AVE NW

BEMIDJI, MINNESOTA 56601

NON-PROFIT ORG.

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Bemidji Area Schools – ISD #31

2024-2025 APPLICATION FOR EDUCATIONAL BENEFITS INCLUDING SCHOOL MEALS

Dear Parent/Guardian:

ISD #31 offers healthy meals each day. Starting school year 2024-25, we are joining 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 at school. Your application may also help the school qualify for education funds, discounts, and other meal programs. **A new application must be submitted each year.**

A completed Application for Educational Benefits may qualify your child(ren) for additional educational benefits such as:

- *Tuition Scholarships for ECFE/Community Education*
- *Reduced Activity, Shop, Book Fees*
- *Technology Opportunities*
- *Waives College Application*
- *Waives AP and ACT Testing Fees*
- *Increase in Scholarships*
- *Reduces Camp Fees*
- *Reduces the demand on food shelves and helps families stretch budgets*
- *Summer EBT Benefits*

We DO NOT share information without Parent/Guardian Consent. Information provided is protected Private Data.

If your family qualifies you will receive an Educational Benefits Letter that will allow your family access to the benefits listed above. Please keep a copy for your records. Enclosed is the Waiver of Confidentiality. This will save you time and effort for sharing your student(s) status with one form covering activities and fees for the entire school year.

To apply, complete the enclosed Application for Educational Benefits and return it to: 502 Minnesota Avenue NW Bemidji, MN 56601 or complete online at www.bemidji.k12.mn.us.

How to Complete the Application for Educational Benefits:

Complete the Application for Educational Benefits form for school year 2024–25 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, 2024 through June 30, 2025.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Add for each additional person	9,953	830	415	383	192

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 on 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.
 - 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 approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community

2024-25 Application for Educational Benefits

Bemidji Area Schools
502 Minnesota Avenue
NW Bemidji, MN 56601

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 (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 before deductions or taxes 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, my children may lose meal benefits, and 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"/> Verified? Attach Tracker	No change	Free After Verified	Reduced After Verified	Denied After Verified
	Weekly	Bi-weekly	2X Month	Monthly	Annualize		Free	Reduced	Denied	
All Total Income (Include child and adult income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Size:	<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"/>
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
<ul style="list-style-type: none"> Earnings from work Social Security <ol style="list-style-type: none"> Disability Payments Survivor’s Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ol style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 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 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 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 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 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 benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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 federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state’s educational program.

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:

- mail:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- fax:** (833) 256-1665 or (202) 690-7442; or
- email:** program.intake@usda.gov

This institution is an equal opportunity provider.