DaVinci Academy
OF ARTS AND SCIENCE
CULTIVATING CURIOSITY | IGNITING EXCELLENCE

Dear Parent/Guardian:

Our school provides healthy meals each day. Prices for the 2018-19 school year is $1.75 for breakfast and $3.50 for lunch.

Your children 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 receive breakfasts at no charge.

Return your completed Application for Educational Benefits to:
532 Bunker Lake Blvd NE, Ham Lake, MN 55304

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. Or 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 full school meals, please complete The Application for Educational Benefits form.

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance may be eligible for free school meals. 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 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. For seasonal work, write in the total annual income.

Will the information I give be checked? Yes, and 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 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 getting 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, call (763)754-6577.

Sincerely,

Cassandra Anderson

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2018-19 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, 2018 through June 30, 2019.

Maximum Total Income

Household size	$ Per Year	$ Per Month	$ Twice Per Month	$ Per 2 Weeks	$ Per Week
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Add for each additional person	7,992	666	333	308	154

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).

Step 2: Case Number

If any household member currently participates in the Special Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), write in your case number, check which program you participate in, 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. WIC and Medical Assistance (M.A.) programs 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 seasonal work, write in the total annual income.
- 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 – 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.
- 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.

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 make sure we are meeting civil rights requirements and fully serving our community.

DEPARTMENT OF EDUCATION

2018-19 Application for Educational Benefits

Complete one application per household. 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." Children in Foster care are eligible for free meals. Read How to Complete the Application for Educational Benefits for more information.

Child's First Name	MI	Child's Last name	Birthdate	Grade	Foster Child
					☐
					☐
					☐
					☐
					☐

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 Case 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. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1.

Child Income	Weekly	Bi-weekly	2x Month	Monthly
	☐	☐	☐	☐

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) for each source in whole dollars (no cents) 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.

Are you sure what income to include here? Flip the page and review "Sources of Income" for more information. "Sources of Income for Children" will help you with the Child Income section. "Sources of income for Adults" will help you with the ALL Adult household Members section.

Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Bi-Weekly	2x Month	Monthly	Net income from Self-Employment	Monthly	Yearly	All Other Incomesuch as SSI, Unemployment, Public Assistance, Child Support, and others on page two	Weekly	Bi-Weekly	2x Month	Monthly
		☐	☐	☐	☐		☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐		☐	☐	☐	☐

C. **Last Four Digits of Social Security Number (SSN)** of Primary Wage Earner or Other Adult Household Member XXX-XX-_____Check if **no SSN**: ☐**Total Household Members** (Children and Adults) _____

STEP 4: Contact information and adult signature. Mail Completed Form To: (*School/District Information*) _____

"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 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 Programs as allowed by state law.

_____ _____ _____

Printed name of adult signing form | Signature of adult | Today's Date

_____

Street Address (if available) | Apt# | City | State | Zip | Daytime Phone

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples

• Earnings from work
• Social Security
  ○ Disability Payments
  ○ Survivor's Benefits
• Income from person outside the household
• Income from any other source
	• 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

• Salary, wages, cash bonuses (before deductions or taxes)
• Net income from self-employment (farm or business)
• If you are in the U.S. Military:
  ○ Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
  ○ Allowances for off-base housing, food and clothing
	• 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
		• Social Security
		• Disability benefits
		• Regular income from trusts or estates
		• Annuities
		• Investment income
		• Rental income
		• Regular cash payments from outside household

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 for free or reduced price meals.**Ethnicity (check one):**☐ Hispanic or Latino☐ Not Hispanic or Latino

Race (check one or more):☐ American Indian or Alaskan Native☐ Asian☐ Black or African American☐ Native Hawaiian or Other Pacific Islander☐ White

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.

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) online at:https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer, 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:

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

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Annualized	Household Size	Categorical Eligibility	Free	Reduced	Denied
	☐	☐	☐	☐	☐		☐	☐	☐	☐

_____ _____

Determining Official's Signature Date Confirming Official's Signature Date

☐ Selected for Verification – attach Verification Tracker