



A NEW application must be submitted each School year

## 2022 - 2023 Application for Free or Reduced-Priced School Meals

Return Completed Application Directly To Nutrition Services At The District Office:

Mail To: Minnetonka Nutrition Services  
5621 County Road 101  
Minnetonka, MN 55345

Fax: 952-401-5092  
Email: [kristen.turnblad@minnetonkaschools.org](mailto:kristen.turnblad@minnetonkaschools.org)  
Questions: 952-401-5034

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

**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 )

**Definition of Household Member:**  
"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* section on the back of the instructions letter for more information.

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** > Write a case number here then go to STEP 4 (Do not complete STEP 3)    **Case Number:** \_\_\_\_\_

**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.

How Much & How Often?    \$ \_\_\_\_\_    

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 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. Include children who are temporarily away at school or in college.

Name of Adult Household Members (First and Last)	Gross Earnings from Work	How Often?				All Other Income: SSI, Unemployment, Child Support. Complete list of incomes on the back page of this application.	How Often?				Net Income from Self-Employment	How Often?	
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Monthly	Yearly
	\$ _____	○	○	○	○	\$ _____	○	○	○	○	\$ _____	○	○
	\$ _____	○	○	○	○	\$ _____	○	○	○	○	\$ _____	○	○
	\$ _____	○	○	○	○	\$ _____	○	○	○	○	\$ _____	○	○
	\$ _____	○	○	○	○	\$ _____	○	○	○	○	\$ _____	○	○

**Total Household Members (Children + Adults)**   

**Last Four Digits of Social Security Number (SSN) of Adult completing the form**                          **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>

**OPTIONAL Share school meal eligibility status**

To save you time and effort, your student(s) lunch eligibility status may be shared with other district staff for the purpose of financial aid assistance for the determination of free or reduced priced participation fees. **We must have your permission to share your information.**

Allow my Child(ren)'s name and meal eligibility to be shared with staff in charge of School Sponsored Athletics and Activities Programs, Building Principal and/or Program Supervisor in charge of Field Trips, or other Programs.  Yes  No

If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing the information.  Do **not** share information for this purpose.

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, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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. 20250-9410; 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

2022 – 2023 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 the **Athletic Department**.
- 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: \_\_\_\_\_

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

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

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)

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](#), (AD3027) 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: 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](mailto:program.intake@usda.gov).

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