

**Instructions for Completing
APPLICATION for EDUCATIONAL BENEFITS**

If your household participates in FOOD STAMPS, MFIP, or FDPIR, follow these instructions:

- Part 1:** Check the box if this is the first time a school meal application is being completed for any child.
Part 2: Check the box labeled "All children in the household." List each child's name, date of birth, grade, school, and case number. Medical Assistance case numbers do *not* qualify.
Part 3: Skip this part.
Part 4: If your children are approved for meal benefits, this information may be shared with Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
Part 5: An adult household member must sign the form. A Social Security number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

- Use a separate application for each foster child.**
Part 1: Check the box if this is the first time a school meal application is completed for this child.
Part 2: Check the box labeled "One foster child." List the foster child's name, date of birth, grade, and school. In the last column "SSI or other regular income to child," list any income that is designated for the child's personal use or write "None" if the child has no personal use income.
Part 3: Skip this part.
Part 4: If your child is approved for meal benefits, this information may be shared with Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
Part 5: An adult household member must sign the form. A Social Security number is not necessary.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Complete an Application for Educational Benefits if your household income is less than or equal to the amount shown for your household size in this chart. These amounts are effective July 1, 2008 through June 30, 2009.

Household Size	Total Household Income - Maximum				
	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
For each additional household member add:	6,660	555	278	257	129

- Part 1:** Check the box if this is the first time a school meal application is being completed for any child.
Part 2: Check the box labeled "All children in the household." List each child's name, date of birth, grade and school. If a child receives regular income, such as SSI payments or wages from a job, list the amount and how often it is received in the last column. Do not list occasional earnings like babysitting.
Part 3: Report all incomes for all adult household members.
Names: List the first and last name of each adult living in your household, related or not (such as grandparents, other relatives, or friends), including yourself. Include a household member temporarily away from home such as a college student. Attach another page if necessary.
No Income: Check this box if a person has no income.
Gross Monthly Wages and Salaries: Next to each adult's name list the **gross income** earned from work before taxes and other deductions, *not* take-home pay. Next to each amount, write in how often the income is received (weekly, every two weeks, twice per month, monthly).
All Other Incomes: List all other amounts, in addition to wages and salaries, received on a regular basis from any source. For self-employment, list *net* income (after business expenses) here.
Part 4: If your children are approved for meal benefits, this information may be shared with Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.
Part 5: An adult household member must sign the form and provide their Social Security number. If the person signing the form does not have a Social Security number, they may indicate this by checking the box.