



621 South Third Street
Stillwater MN 55082
651 439-5581
www.stcroixcatholic.com

July 26, 2008

Dear Parent/Guardian:

Our school provides healthy lunches each day. Lunch costs **\$2.50**.

Your children may qualify for free or reduced price meals. Reduced price is **40 cents** for lunch. To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the instructions on the other side of this page. This also helps our school qualify for additional education funds and discounts.

Return your completed Application for Educational Benefits to the St. Croix Catholic School Office.

1. Who can get free or reduced price meals? Children in households participating in Food Stamps, Minnesota Family Investment Plan (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, your children can get free or reduced-price meals if your household income is within the income shown for your household size on the chart on the next page. An Application for Educational Benefits cannot be approved if any required information is missing.

2. I get WIC. Can my children get free meals? Children in households participating in WIC *may* be eligible for free or reduced price meals. Please fill out an Application for Educational Benefits.

3. Should I fill out an application if I got a letter this school year saying my children were directly certified for free meals based on data from the MN Department of Human Services? Do not fill out an Application for Educational Benefits if all of your children have been directly certified for free school meals. If only some of your children were directly certified, you can fill out an Application for Educational Benefits to apply for your children who were not directly certified.

4. Will the information I give be checked? Yes, we may ask you to send written proof.

5. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your income goes down, household size goes up, or if you start getting Food Stamps, MFIP, or FDPIR benefits.

6. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing.

7. 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 meals.

8. Who should I include as members of my household? You must include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends). Include a household member who is temporarily away such as a college student.

9. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

10. How will the information I provide be kept? Information you provide about your household income or public assistance will be protected as private data. Your child's approval for free or reduced-price meals is also private data. The back page of the Application for Educational Benefits has details about data privacy.

11. Do I need to notify school officials if my income increases or my household size decreases after I have qualified for free or reduced price meals? No. Approval for free or reduced price meals is good for the school year.

If you have other questions or need help, call me at 651 439-5581.

Sincerely,

Cressy Epperly

Principal

**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 "I have listed below *all children* in the household except foster children." 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: 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 "I have listed below a *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: 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, 2007 through June 30, 2008.

Total Household Income - Maximum

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	18,889	1,575	788	727	364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
For each additional household member add:	6,438	537	269	248	124

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 "I have listed below *all children* in the household except foster children." List each child's name, date of birth, grade and school. If a child receives any regular income, such as SSI payments, list the amount and how often it is received in the last column.

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.

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, that each person receives on a regular basis from any source. Next to each amount, write how often the income is received. If a person has no income, check the "No Income" box. For self-employment, list *net* income after business expenses.

Part 4: 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.

