



Dear Parent/Guardian:

Our school is eligible to receive additional state and federal funds based on the number and/or percentage of students enrolled who reside in households that meet established federal income guidelines. These data are reported to the Minnesota Department of Education based on applications provided by each household. The *Alternate Application for Educational Benefits* and instructions on how to complete it are attached. A new application must be submitted each year. Your application also helps our school qualify for education funds and discounts.

Return your completed Alternate Application for Educational Benefits to: Athlos School Nutrition: 3701 33rd Streets South, St. Cloud, MN 56301 or email sarah_cunningham@alabpmn.org

Automatic Eligibility: Households with children participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster children automatically meet the federal income guidelines and do not need to report household income. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income.

Households that include non-U.S. citizens may be eligible to generate additional revenue for our school and should complete the *Alternate Application for Educational Benefits*.

Household Members: 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.

Variable Income: List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

Information you provide on the form, and your child's income status will be protected as private data. See the back page of the *Alternate Application for Educational Benefits* for more information about how the information is used.

Verification: The information may be checked and we may also ask you to send written proof. If you have other questions or need help, call 763-777-8957. or email sarah_cunningham@alabpmn.org

Sincerely,

Sarah Cunningham

Instructions for Completing the Alternate Application for Educational Benefits

Complete the *Alternate Application for Educational Benefits* for school year 2024-25 if any of the following apply:

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

One or more children in the household are foster children (a welfare agency or court has legal responsibility for the child), or

Total household income (gross earnings, not take-home pay) should be at the marked number below or lower to qualify for Reduced or Free Meals based on the 2024-25 school year. To see the breakdown of income guidelines to qualify for Reduced or Free meals, please review the [Household Income Guidelines for School Year 2024-25](#).

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	27,862	2,323	1,162	1,073	537
2	37,815	3,153	1,577	1,456	729
3	47,768	3,982	1,992	1,839	920
4	57,721	4,811	2,406	2,221	1,111
5	67,674	5,641	2,821	2,604	1,303
6	77,627	6,470	3,236	2,987	1,494
7	87,580	7,300	3,651	3,370	1,686
8	97,533	8,129	4,065	3,753	1,877
Add for each additional person (this rate is to qualify for <i>Reduced Meals</i>)	9,953	830	415	383	192
Add for each additional person (this rate is to qualify for <i>Free Meals</i>)	6,994	583	292	269	135

Children and Foster Status: List all children in the household in Section 1.

- Indicate that a child is in foster care by checking the box.
- Include any regular income, for example supplemental security income (SSI), to children other than foster children. Do not list occasional earnings like babysitting.

Case Number: Complete Section 2 if any household member currently participates in one of the programs listed in that section. If Section 2 is completed, skip Section 3 (adult names and incomes).

Adults/Household Incomes: List all adult household members, whether related or not, in Section 3. Include an adult who is temporarily away, such as a student away at college. Do not complete Section 3 if a case number was provided in Section 2, or if the application is for foster children only.

List each adult household member's gross incomes (not take-home pay) and how often each income is received. For example, "W" for Weekly.

- List gross incomes before deductions.
- If an income varies, list the amount usually received.
- For farm/self-employment income only, list net income after subtracting business expenses.
- Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits.
- Check the "No Income" column after a person's name if they have no income.

Do not include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

Signature: The form must be signed and dated by an adult household member in Section 5.

Alternate Application for Educational Benefits School Year 2024-25 State and Federally Funded Programs

Economic Status for MARSS Reporting: Community Eligibility Provision 2 and 3 No Meal Program

1. Names of all Children in Household including Foster Children. Attach additional page if necessary.

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Grade	School	Check if Foster Child	Any Regular Income to Child Example SSI
						\$ per
						\$ per

2. Benefits (if applicable)

If any household member receives benefits from a program listed below, write in the name of the person and case number, check the appropriate box, and skip Section 3.

Name: _____ Case Number: _____

Minnesota Family Investment Program (MFIP) Supplemental Nutrition Assistance Program (SNAP) Food Distribution Program on Indian Reservations
Medical Assistance and WIC do not qualify.

Child is the legal responsibility of a welfare agency or court. (If all children applied for are foster children, skip Sections 3 and 4.)

3. Names of all Adults in Household (all household members not listed in Section 1).

Include all adults living in your household, related or not. Attach an additional page if necessary.

Names of All Adult Household Members (First and Last)
List all Household member's 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	
Report income before deductions or taxes in whole dollars (no cents).	
Weekly	<input type="checkbox"/> \$
Bi-weekly	<input type="checkbox"/> \$
2x Month	<input type="checkbox"/> \$
Monthly	<input type="checkbox"/> \$

Are you Self-Employed or a Farmer?	
Net income from Farm or Self-Employment. Do not duplicate elsewhere.	
Monthly	<input type="checkbox"/> \$
Yearly	<input type="checkbox"/> \$
	<input type="checkbox"/> \$
	<input type="checkbox"/> \$

Any Other Gross Income	
SSi, Unemployment, Public Assistance, Child Support, and others on Page 2	
Weekly	<input type="checkbox"/> \$
Bi-weekly	<input type="checkbox"/> \$
2x Month	<input type="checkbox"/> \$
Monthly	<input type="checkbox"/> \$

Household Incomes: Write in each gross income and how often it is received: **weekly (W)**, **bi-weekly (every two weeks) (BW)**, **twice per month (TM)**, **monthly (M)**. **Do not write in hourly pay.** If income fluctuates, write in the amount normally received. Attach an additional page if necessary.

4. 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 of information. See page 3 for more information.

Do not share information with Minnesota Health Care Programs.

I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made so that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Adult Household Member (required): _____ Date: _____

Print Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ ZIP: _____

Office Use Only

Total Household Size: _____ Total Income: \$ _____ per _____

Approved (check all that apply): Case Number – Free Foster – Free Income – Free Income – Reduced-Price

Denied: Incomplete Income Too High Other: _____

Signature – Determining Official: _____ Date: _____

Change Status To: _____ Reason: _____ Withdrawn: _____

Office Use Only

Date Verification Sent: _____ Response Due: _____ Second Notice: _____

Result: Free to Reduced-Price Free to Paid Reduced-Price to Free Reduced-Price to Paid

Reason for Change: Income Case number not verified Foster not verified Refused Cooperation Other

Signature Verifying Official: _____ Date: _____

Signature Confirming Official: _____ Date: _____

Privacy Act Statement/How Information Is Used

We will use your information to determine if your child is eligible for free or reduced-price economic status for purposes of state reporting. 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 economic status is also recorded on a statewide computer system used to report student data to the Minnesota Department of Education as required by state law. The Minnesota Department of Education uses this information to: (1) administer state and federal programs, (2) calculate compensatory revenue for public schools; and, (3) evaluate the quality of the state's educational program.

Children who are eligible for free and reduced-price economic status may be eligible for Minnesota Health Care Programs. Your child's eligibility status may be shared with Minnesota Health Care Programs, unless you tell us not to share your information by checking the box in Section 4 of the application. You are not required to share information for this purpose and your decision will not affect your child's economic status as determined on this for.

Does your child have health insurance?

If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify.

Your child may qualify if your household income is below the following:

Family size	Monthly income	Yearly income
2	\$4,684	\$56,210
3	\$5,917	\$71,005
4	\$7,150	\$85,800
5	\$8,382	\$100,595

Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit <http://mn.gov/dhs/people-we-serve/adults/health-care/>. These income limits are valid until June 30, 2025.

To get a MNsure application for health coverage and help paying costs (DHS-6696):

- Print one from <http://mn.gov/dhs/people-we-serve/adults/health-care/>
- Call 877-KIDS-NOW toll free
- Call

NO ENGLISH



651-297-3862 or 800-657-3672

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်, ကိးဘဉ်လီၤတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로



For accessible formats of this information or assistance with additional equal access to human services, email us at dhs.info@state.mn.us, call 800-657-3672, or use your preferred relay service. ADA1 (3-24)