



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:

**NORTHERN LIGHTS COMMUNITY SCHOOL
P.O. BOX 2829
WARBA, MN 55793**

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 218-492-4400 or toll free 877-246-6548.

Sincerely,

Becky McCauley, NLCS Business Manager



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, audiotope, 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) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:
 - (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
- This institution is an equal opportunity provider.

Instructions for Completing the Alternate Application for Educational Benefits

Complete the *Alternate Application for Educational Benefits* for school year 2018-19 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) is within these guidelines:

Maximum Total Income

| Household Size | \$ Per Year | \$ Per Month | \$ Twice Per Month | \$ Per 2Weeks | \$ 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 |
| Additional for each person | 7,992 | 666 | 333 | 308 | 154 |

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 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 2018-19

State and Federally Funded Programs

Economic Status for MARSS Reporting: Community Eligibility Provision — 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 Month/Day/Year | Grade | School | Check if Foster Child | Any Regular Income to Child Example SSI |
|-----------|------------|---------------------------------|-------|--------|--------------------------|--------------------------------------------|
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | \$ _____ per _____ |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | \$ _____ per _____ |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | \$ _____ 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 (MIFIP)
 - 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.

| Last Name | First Name | Check if No Income | Gross Wages/ Salaries All jobs before deductions | Pension, SSI, Retirement, Social Security | Public Assistance, Child Support, Alimony | Unemployment, Workers' Comp, Strike Benefits | Any Other Income, Including Net Farm/ Self Employment |
|-----------|------------|--------------------------|--------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| _____ | _____ | <input type="checkbox"/> | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ |
| _____ | _____ | <input type="checkbox"/> | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ |

Household Incomes: Write in each gross income and how often it is received: **weekly (W), bi-weekly (every other week) (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): _____ Print Name: _____ Date: _____

Address: _____ City: _____ Zip: _____ Home Phone: _____ Work Phone: _____

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: _____ 2nd Notice: _____

Result: No Change 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) judge 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 form.