

**Alternate Application for Educational Benefits - School Year 2017-18**  
**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 (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.

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.