

# Jackson County Central Schools, ISD #2895

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PO Box 119  
Jackson MN 56143-1075  
Phone – 507/847-3608  
Fax – 507/847-3078

Todd Meyer,  
Superintendent of Schools

7/1/09

Dear Parent/Guardian:

*Our school provides healthy meals each day. Breakfast costs \$1.35 lunch costs Elem.-\$2.00/MS-HS-\$2.10.*

*Your children may qualify for free or reduced-price meals. Reduced price is \$.40 for lunch. “Reduced-price” breakfasts are served at no charge. To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the enclosed instructions. This also helps our school qualify for additional education funds and discounts.*

*Return your completed Application for Educational Benefits to: Jan Hansen, JCC Schools, PO Box 119, Jackson MN 56143.*

**Who can get free or reduced-price meals?** Children in households participating in Food Support (Stamps), Minnesota Family Investment Plan (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free school meals without reporting household income. Also, children can get free or reduced-price meals if their household income is within the income shown for the household size. An application cannot be approved if any required information is missing.

**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.

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

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

**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 Support (Stamps), MFIP, or FDPIR benefits.

**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.

**Do I need to provide my Social Security number?** When household income is reported on an application, the National School Lunch Act allows meal benefits to be approved only if the person signing the application provides his/her Social Security number or does not have a Social Security number. A Social Security number is not needed when public assistance case numbers are provided, or when the application is for a foster child.

(Social Security numbers are maintained by the school as private data and are not used for any other purpose.)

**Who should I include as members of my household?** 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.

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

**How will the information I provide be kept?** Information you provide on the form, and your child’s approval for school meal benefits, will be protected as private data. See the back page of the application for details on data privacy.

**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.

**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 **507-847-3608**.

Sincerely,

*Jim Hoffbeck, Business Manager*

**Instructions for Completing  
APPLICATION for EDUCATIONAL BENEFITS**

**If your household participates in FOOD SUPPORT (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. The Social Security number is not needed.

**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." Check the box to indicate that the foster child receives no income for personal use, or write in the amount of personal use income to the foster child. Write in the foster child's name, date of birth, grade and school.  
**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. Social Security number is not needed.

**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, 2009, through June 30, 2010.

Total Household Income – Maximum

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional household member add:	6,919	577	289	267	134

- Part 1:** Check the box if this is the first school meal application for any child in your household.  
**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 column 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 (for example, weekly, every two weeks, twice per month, monthly).  
**All Other Incomes:** List all other amounts received on a regular basis from any source. For self-employment, list *net* income (after business expenses).  
**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.