

**National School Lunch Program and School Breakfast Program
Household Income Guidelines for School Year 2009-10**

Effective 7/1/2009 – 6/30/2010

HOUSEHOLD SIZE	FREQUENCY OF INCOME	FREE MEALS \$	REDUCED-PRICE MEALS \$	PAID MEALS \$
1	Weekly	0 – 271	272 – 386	387
	Bi-Weekly	0 – 542	543 – 771	772
	2 X Month	0 – 587	588 – 835	836 or more
	Monthly	0 – 1,174	1,175 – 1,670	1,671
	Yearly	0 – 14,079	14,080 – 20,036	20,037
2	Weekly	0 – 365	366 – 519	520
	Bi-Weekly	0 – 729	730 – 1,037	1,038
	2 X Month	0 – 790	791 – 1,124	1,125 or more
	Monthly	0 – 1,579	1,580 – 2,247	2,248
	Yearly	0 – 18,941	18,942 – 26,955	26,956
3	Weekly	0 – 458	459 – 652	653
	Bi-Weekly	0 – 916	917 – 1,303	1,304
	2 X Month	0 – 992	993 – 1,412	1,413 or more
	Monthly	0 – 1,984	1,985 – 2,823	2,824
	Yearly	0 – 23,803	23,804 – 33,874	33,875
4	Weekly	0 – 552	553 – 785	786
	Bi-Weekly	0 – 1,103	1,104 – 1,569	1,570
	2 X Month	0 – 1,195	1,196 – 1,700	1,701 or more
	Monthly	0 – 2,389	2,390 – 3,400	3,401
	Yearly	0 – 28,665	28,666 – 40,793	40,794
5	Weekly	0 – 645	646 – 918	919
	Bi-Weekly	0 – 1,290	1,291 – 1,836	1,837
	2 X Month	0 – 1,397	1,398 – 1,988	1,989 or more
	Monthly	0 – 2,794	2,795 – 3,976	3,977
	Yearly	0 – 33,527	33,528 – 47,712	47,713
6	Weekly	0 – 739	740 – 1,051	1,052
	Bi-Weekly	0 – 1,477	1,478 – 2,102	2,103
	2 X Month	0 – 1,600	1,601 – 2,277	2,278 or more
	Monthly	0 – 3,200	3,201 – 4,553	4,554
	Yearly	0 – 38,389	38,390 – 54,631	54,632
7	Weekly	0 – 832	833 – 1,184	1,185
	Bi-Weekly	0 – 1,664	1,665 – 2,368	2,369
	2 X Month	0 – 1,803	1,804 – 2,565	2,566 or more
	Monthly	0 – 3,605	3,606 – 5,130	5,131
	Yearly	0 – 43,251	43,252 – 61,550	61,551
8*	Weekly	0 – 926	927 – 1,317	1,318
	Bi-Weekly	0 – 1,851	1,852 – 2,634	2,635
	2 X Month	0 – 2,005	2,006 – 2,853	2,854 or more
	Monthly	0 – 4,010	4,011 – 5,706	5,707
	Yearly	0 – 48,113	48,114 – 68,469	68,470

*Additional household members. For free meals add for each additional household member: \$94 weekly, \$187 bi-weekly, \$203 2 X month, \$406 monthly, or \$4,862 yearly. For reduced-price meals add for each additional household member: \$134 weekly, \$267 bi-weekly, \$289 2 X month, \$577 monthly, or \$6,919 yearly.

Procedure for Approval/Denial – Applications for Educational Benefits

These are the main steps for a school food authority to review and approve, or deny, Applications for Educational Benefits.

Step ① Check for complete application

An Application for Educational Benefits is complete if the household has provided the required information in Sections 2, 3, and 5 of the application. The chart below shows the list of required information for each type of application: income application, case-number application or foster-child application.

- If any required information is missing, return the application to the household. Attach the “Approval/Denial letter” (an attachment to this document) to explain what information is missing on the application.
- If the application is complete, continue to step 2.

Application for Educational Benefits				
Required information for complete application				
Section of application / Information requested		Income Application	Case-Number Application	Foster-Child application
2	Names of children (or one foster child)	✓	✓	✓
	Case-number(s)* for each child**		✓	
	Foster-child – personal use income or “None”			✓
3	Names of adults	✓		
	Incomes of each adult by source, or “no income”	✓		
5	Signature of adult household member	✓	✓	✓
	Social Security number	✓		

* Case number may be from the Minnesota Family Investment Plan (MFIP), Food Support (Stamps) or Food Distribution Program on Indian Reservations (FDPIR). MFIP/ Food Support case numbers are up to eight digits, with no letters. FDPIR uses a Social Security number.

** If the application is for more than one student, the household must provide a case number on the line for each student.

Step ② Approve or deny the application

Income application:

- Add up the total number of household members and the total household income and record the totals on the application. If there are incomes with different frequencies, convert each income to an *annual income** and add the annual incomes together for *total annual* household income.
- Refer to the U.S. Department of Agriculture (USDA) household income guidelines for free and reduced-price school meals (attached to this document). Compare the household’s total income to the income guidelines for the household’s size.
- Approve the student(s) for free meals or reduced-price meals, as appropriate, if the household’s total income is within USDA guidelines and the application is complete as described in the chart above. Deny the application if total household income is too high for either free or reduced-price meals. Record the approval or denial on the application, including your approval signature and date.

* To convert an income to an annual amount: Multiply a weekly income by 52, a bi-weekly income by 26, a twice-per-month income by 24 or a monthly income by 12.

Case-Number (Categorical Eligibility) application:

Approve each student who has an MFIP, Food Support (Stamps), or FDPIR case number for free school meals if the application is complete as described in the chart above. Document the approval on the application, including your approval signature and date.

Foster-Child application:

Approve a foster child for free meals if the box is checked that the foster child has no income specifically designated for “personal use.” If personal use income is reported, compare the amount to the USDA guidelines for a “household of one.” The application must be complete as described in the chart above. Document the approval on the application, including your approval signature and date.

Step ③ Notify household of approval or denial

Notify the household about approval or denial of meal benefits by sending the “Notification of Approval/Denial” letter (attached to this document).

Holy Rosary Catholic School
1043 Lake Avenue, Detroit Lakes, MN 56501 218-847-5306

Dear Parent/Guardian:

Our school provides a healthy meal each day. Lunch costs \$1.50 for students and \$3.00 adults.

Your children may qualify for free or reduced-price meals. Reduced price is [\$.40] for lunch. 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: **Holy Rosary Catholic School, 1043 Lake Avenue, Detroit Lakes, MN 56501.** If you have children in other schools a separate application must be completed for Holy Rosary School.

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 **218-847-5306**.

Sincerely,

Terri Paskey

**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.

