



# St. Mary's Catholic School

104 St. Mary's Street NW  
Sleepy Eye, MN 56085

Elementary School - 507.794.6141  
High School - 507.794.4121  
Business Office - 507.794.4841  
www.sesmschool.com

July 2020

Dear Parent/Guardian:

Our school works at providing healthy food for our children. Student lunch prices for the 2020-2021 school year are: K-5 \$2.40; 6-8 \$2.55; and 7-12 \$2.70.

**Students who are approved for either free or reduced-price school meals will receive school meals at no charge!** To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the enclosed instructions. **A new application must be submitted each year.** Your application also helps our school qualify for additional education funds and discounts. Return your completed application to the school office.

**Who can get free or reduced-price meals?** Children in households participating in Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Plan (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) 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 maximum income shown for the household size. An application cannot be approved if any required information is missing.

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

**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.

**Do I need to notify school officials if my income increases or my household size decreases after I have qualified for free/reduced meals?** No. Approval for free or reduced-price meals is good for the school year.

**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 SNAP, MFIP, or FDPIR benefits.

**What if I am self-employed?** From your tax return, use Net Business Profit/Loss listed on Schedule C or Net Farm Profit/Loss listed on Schedule F. Do not use Adjusted Gross Income.

**When filling out your form, do not put hourly wages. You must put the gross amount from your paycheck and how often you are paid.**

If you have other questions or need help, call 794-6141 and Mrs. Helget or Mrs. Gangelhoff will answer your questions.

Sincerely,

## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2020-21 if any of the following applies to your household:

- 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
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing initiative. The income guidelines are effective from July 1, 2020 through June 30, 2021.

**Maximum Total Income**

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Add for each additional person	8,288	691	346	319	160

### Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

### Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

### Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income earned in this section.
  - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
  - **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
  - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
  - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
  - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

**Step 4: Signature and Contact Information** An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

**Optional:** Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.