

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: 355 Randolph Ave, Suite 300, St. Paul, MN 55102

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.

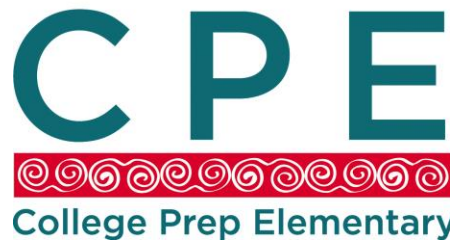
Variable Income: List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

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 651-605-2360

Sincerely,

Karen Yang



Instructions for Completing the Alternate Application for Educational Benefits

Complete the *Alternate Application for Educational Benefits* for school year 2016-17 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 2 Weeks	\$ Per Week
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Additional	7,696	642	321	296	148

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.