



**HOW TO APPLY FOR FREE SCHOOL MEALS 2018-2019**  
Receive nutritious school meals free and... Help your child's school receive  
Additional funds to improve student achievement!

Complete your application online! Go to:  
[https:// hopkinsmn.infinitecampus.org/campus/portal/hopkins.jsp](https://hopkinsmn.infinitecampus.org/campus/portal/hopkins.jsp)

Dear Parent/Guardian:

Our school provides healthy meals each day. Your children may qualify for free meals. To apply, complete the enclosed application, following the instructions found in this letter. **A new application must be submitted each year.** At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students; so all participating kindergarten students also receive breakfasts at no charge.

Please return your completed Application for Free Meals to:

Hopkins Public Schools  
Attn: Student Nutrition  
1001 Highway 7  
Hopkins, MN 55305

**Who can get free school meals?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Or children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

**I get WIC or Medical Assistance. Can my children get free school meals?** Children in households participating in WIC or Medical Assistance may be eligible for free school meals. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**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 school meals.

**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 overtime only sometimes.

**Will the information I give be checked?** Yes, and we may also ask you to send written proof. How will the information be kept? Information you provide on the form, and your child's approval for school meal benefits, will be protected as private data. For more information see the back page of the Application.

**If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

**If you have other questions or need help, call 952-988-4060**

Sincerely,

Barbara J. Mechura  
Director - Student Nutrition & Lifestyle Services  
Hopkins Public Schools

## How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2017-18 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, 2017 thru June 30, 2018.

**Maximum Total Income**

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Add for each additional person	7,992	666	333	308	154

### Step 1 Children

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

**Step 2 Case Number** Do any household members currently participate in any of the following assistance programs: SNAP, MFIP or FDPIR? (Medical Assistance and WIC do not qualify for this purpose)

If "Yes" write in the case number and go to Step 4 (skip Step 3). If No, continue on to Step 3.

### Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- 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. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number.
- Regular incomes to children – 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. Do not include occasional earnings like babysitting or lawn mowing.

**Step 4 Signature & 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 / Waiver of Confidentiality** - Permission to Share Information