

## Instructions for Completing the Alternate Application for Educational Benefits

Complete the *Alternate Application for Educational Benefits* for school year 2020-21 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              | 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       |
| Additional     | 8,288       | 691          | 346                | 319            | 160         |

**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 supplemental security income (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.

# Alternate Application for Educational Benefits School Year 2020-21 State and Federally Funded Programs

Economic Status for MARS Reporting:

Community Eligibility Provision 2 and 3 No Meal Program

1. Names of all Children in Household including Foster Children. Attach additional page if necessary.

| Last Name | First Name | Date of Birth<br>(MM/DD/YYYY) | Grade | School | Check if<br>Foster Child | Any Regular Income to Child<br>Example SSI |
|-----------|------------|-------------------------------|-------|--------|--------------------------|--|
|           |            |                               |       |        |                          | \$            per                          |
|           |            |                               |       |        |                          | \$            per                          |

2. Benefits (if applicable)

If any household member receives benefits from a program listed below, write in the name of the person and case number, check the appropriate box, and skip Section 3.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

- Minnesota Family Investment Program (MFIIP)
- Supplemental Nutrition Assistance Program (SNAP)
- Food Distribution Program on Indian Reservations (FDPIR)

Medical Assistance and WIC do not qualify.

Child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 3 and 4.

3. Names of all Adults in Household (all household members not listed in Section 1).

Include all adults living in your household, related or not. Attach an additional page if necessary.

| Last Name | First Name | Check if<br>No<br>Income | Gross Wages/<br>Salaries All Jobs<br>Before Deductions | Pension, SSI,<br>Retirement,<br>Social Security | Public Assistance,<br>Child Support,<br>Alimony | Unemployment,<br>Workers' Comp,<br>Strike Benefit | Any Other Income,<br>Including Net Farm/<br>Self Employment |
|-----------|------------|--------------------------|--|---|---|---|---|
|           |            |                          | \$            per                                      | \$            per                               | \$            per                               | \$            per                                 | \$            per   |
|           |            |                          | \$            per                                      | \$            per                               | \$            per                               | \$            per                                 | \$            per   |

**Household Incomes:** Write in each gross income and how often it is received: **weekly (W)**, **bi-weekly** (every two weeks) **(BW)**, **twice per month (TM)**, **monthly (M)**. **Do not write in hourly pay.** If income fluctuates, write in the amount normally received. Attach an additional page if necessary.

4. This information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. See page 3 for more information.

Do not share information with Minnesota Health Care Programs.

2020-21 Household Income Guidelines

I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made so that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Adult Household Member (required): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Office Use Only**

Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per \_\_\_\_\_

Approved (check all that apply):  Case Number – Free  Foster Free  Income – Free  Income – Reduced-Price

Denied:  Incomplete  Income Too High  Other: \_\_\_\_\_

Signature – Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Change Status To: \_\_\_\_\_ Reason: \_\_\_\_\_ Withdrawn: \_\_\_\_\_

**Office Use Only Date**

Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ Second Notice: \_\_\_\_\_

Result:  Free to Reduced-Price  Free to Paid  Reduced-Price to Free  Reduced-Price to Paid

Reason for Change:  Income  Case number not verified  Foster not verified  Refused Cooperation  Other

Signature Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement/How Information is Used**

We will use your information to determine if your child is eligible for free or reduced-price economic status for purposes of state reporting. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's economic status is also recorded on a statewide computer system used to report student data to the Minnesota Department of Education as required by state law. The Minnesota Department of Education uses this information to: (1) administer state and federal programs, (2) calculate compensatory revenue for public schools, and (3) judge the quality of the state's educational program.

Children who are eligible for free and reduced-price economic status may be eligible for Minnesota Health Care Programs. Your child's eligibility status may be shared with Minnesota Health Care Programs, unless you tell us not to share your information by checking the box in Section 4 of the application. You are not required to share information for this purpose and your decision will not affect your child's economic status as determined on this form.