

# MARSHALL COUNTY CENTRAL SCHOOLS

Viking Elementary (prek-1)
Newfolden Elementary (2-4)
MCC MS (5-6)
MCC HS (7-12)

Building a Foundation & Future of
Educational Excellence - one student at a time!
www.newfolden.mn.us
(218) 874-8530

Dear Parent/Guardian:

Our school offers healthy meals each day. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your application may help the school qualify for education funds.

To apply, complete the enclosed Application for Educational Benefits and return it to the school office or mail to:
Marshall County Central Schools
ATTN: Missy Bjorgaard,
PO Box 189
Newfolden, MN 56738

**Who should complete this application?** We encourage all families to complete form. 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 qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

**COMMON QUESTIONS:**

**I get WIC or Medical Assistance. Can my children qualify?** Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. 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 you to complete an application.

**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. For seasonal work, write in the total annual income.

**Will the income information or case number I give be checked?** It may be. 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, will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

**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 218-874-8530

Sincerely,

Jeffrey Lund
Superintendent

## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2025–26 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), 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, 2025 through June 30, 2026.

**Maximum Total Income**

| Household size | $ Per Year | $ Per Month | $ Twice Per Month | $ Per 2 Weeks | $ Per Week |
|---|---|---|---|---|---|
| 1 | 28,953 | 2,413 | 1,207 | 1,114 | 557 |
| 2 | 39,128 | 3,261 | 1,631 | 1,505 | 753 |
| 3 | 49,303 | 4,109 | 2,055 | 1,897 | 949 |
| 4 | 59,478 | 4,957 | 2,479 | 2,288 | 1,144 |
| 5 | 69,653 | 5,805 | 2,903 | 2,679 | 1,340 |
| 6 | 79,828 | 6,653 | 3,327 | 3,071 | 1,536 |
| 7 | 90,003 | 7,501 | 3,751 | 3,462 | 1,731 |
| 8 | 100,178 | 8,349 | 4,175 | 3,853 | 1,927 |
| Add for each additional person | 10,175 | 848 | 424 | 392 | 196 |

**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 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 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 eligibility. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

# 2025–26 Application for Educational Benefits

**Mail or return completed form to the school office or mail to MCC Schools, Attn: Missy Bjorgaard, PO Box 189, Newfolden, MN 56738**

**STEP 1: List ALL Household Members who are infants, children, and students** up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If children in the household attend different districts or charter/nonpublic schools, return an application at each one.

| Child's First Name (list all children in household) | MI | Child's Last Name | School | Grade | Birthdate | Foster Child (√) |
|---|---|---|---|---|---|---|
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. **If NO** > Go to STEP 3.
**If YES** >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) ___ ___ ___ ___ ___ ___ ___ ___ ___ then go to STEP 4 (Do not complete STEP 3)

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Last Four Digits of Social Security Number (SSN)** of Adult Household Member: **XXX-XX-** ☐☐☐☐ Or Check if Adult has **No SSN**: ☐ **Total Number of All Household Members** (Children + Adults) ☐

**B. Child Income.**

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

| Total Income Received by All Children | Weekly | Bi-weekly | 2x Month | Monthly |
|---|---|---|---|---|
| $ | ☐ | ☐ | ☐ | ☐ |

**C. All Adult Household Members (including yourself).** For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

| Names of All Adult Household Members (First and Last) | Gross Earnings from Working at Jobs | | | | | Are you Self-Employed or a Farmer? | | | Any Other Gross Income | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Weekly | Bi-weekly | 2x Month | Monthly | Report income **before deductions or taxes** in whole dollars (no cents). | Monthly | Yearly | **Net income** from Farm or Self-Employment. Do not duplicate elsewhere. | Weekly | Bi-weekly | 2x Month | Monthly | SSI, Unemployment, Public Assistance, Child Support, and others on Page 2 |
| List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college. | | | | | | | | | | | | | |
| | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ |
| | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ |
| | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ |
| | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ |

**STEP 4: Contact information and adult signature.** "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information I may be prosecuted under applicable State and Federal laws."

☐ I have checked this box if I *do not* want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form Daytime Phone

Address (if available) Apt# City Zip

**SIGN HERE: Signature of Household Adult** Date

| ***Do Not Fill Out: For School Office Use*** Conversions to Annualize All Income: | X52 | X26 | X24 | X12 | X1 | ☐ **Verified? Attach Tracker** | No change ☐ | Free After Verified ☐ | Reduced After Verified ☐ | Denied After Verified ☐ |
|---|---|---|---|---|---|---|---|---|---|---|
| **All Total Income** (Include child and adult income) | Weekly | Bi-weekly | 2X Month | Monthly | Annualize | **Household Size:** | Categorical Eligibility | Free | Reduced | Denied |
| **$** | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ |
| **Determining Official Signature:** | | | | | | | | **Date:** | | |
| **Confirming Official Signature:** | | | | | | | | **Date:** | | |

## OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

**Step One: Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Step Two: Race (check one or more)**: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

## INSTRUCTIONS: Sources of Income

**Sources of Income for Children**

| Sources of Child Income | Examples |
|---|---|
| • Earnings from work<br>• Social Security<br>a. Disability payments<br>b. Survivor's benefits<br>• Income from person outside the household<br>• Income from any other source | • A child has a regular full or part-time job where they earn a salary or wages<br>• A child is blind or disabled and receives Social Security<br>• A parent is disabled, retired, or deceased, and their child receives Social Security benefits<br>• A friend or extended family member regularly gives a child spending money<br>• A child receives regular income from a private pension fund, annuity, or trust |

**Sources of Income for Adults**

| Earnings from Work | Public Assistance / Alimony / Child Support | All Other Income |
|---|---|---|
| • Salary, wages, cash bonuses (before deductions or taxes)<br>• Net income from self-employment (farm or business)<br>• If you are in the U.S. Military:<br>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)<br>b. Allowances for off-base housing, food and clothing | • Cash Assistance from State or local government<br>• Supplemental Security Income<br>• Unemployment benefits<br>• Worker's compensation<br>• Alimony payments<br>• Child support payments<br>• Veteran's benefits<br>• Strike benefits | • Social Security<br>• Disability benefits<br>• Regular income from trusts or estates<br>• Annuities<br>• Investment income<br>• Rental income<br>• Regular cash payments from outside household |

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

At public school districts and charter schools, each student's eligibility status also is recorded on a statewide computer system used to report student data to MDE as required by state law.

**Nondiscrimination statement**: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

**To file a program discrimination complaint**, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or (2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.