

SCHOOL LUNCH INFORMATION FOR 2011-2012

To apply for free or reduced-price school meals and/or help our school qualify for additional education funds and discounts, complete the enclosed Application for Educational Benefits and return to: Delano Public Schools, Attn: Tracie Erickson, Food Service Account Supervisor, 700 Elm Avenue East, Delano, MN, 55328.

Children need nutritious meals to learn. Delano Public Schools serves nutritious meals every school day.

Elementary School (Grades 1-4):	Breakfast \$1.50	Lunch \$2.25
Middle School/High School (Grades 5-12):	Breakfast \$1.50	Lunch \$2.40

Children may also apply for lunches free or at a reduced price. The reduced price for lunch is 40 cents and reduced-price breakfasts are served at no charge. All meals served meet nutritional standards established by the U.S. Department of Agriculture. If a child has been determined by a physician to have a disability and the disability prevents the child from eating the regular meal, we will make modifications or substitutions prescribed by the physician at no additional charge.

The rules established by the Federal/State Lunch Program require the District to charge a higher rate for a second lunch. Students may purchase a second lunch for \$3.40 (grades 5-12). Milk is available every day to children in split session kindergarten. If your family lunch account falls below a negative \$5.00, your child(ren) will no longer be able to participate in the hot lunch program.

INSTRUCTIONS FOR COMPLETING APPLICATION for EDUCATIONAL BENEFITS

If your household participates in FOOD STAMPS, MFIP, or FDPIR, follow these instructions:

Part 1: Check the box if this is the first time a school meal application for any of your children at this school district or nonpublic school.

Part 2: Check the box labeled "All children in the household." List each child's name, date of birth, grade, school.

Part 3. List the active case number and check the public assistance program. Do not list a case number from Medical Assistance.

Part 4. Skip this part.

Part 5. Report all incomes for all adult household members. **Names:** List the first and last name of each adult living in your household, related or not (such as grandparents, other relatives or friends), including yourself. Include a household member temporarily away from home, such as a college student. Attach another page if necessary. **No Income:** Check this column if a person has no income. **Gross Monthly Wages and Salaries:** Next to each adult's name list the gross income earned from work before taxes and other deductions (not-take-home pay). Next to each amount, write in how often the income is received for example: weekly (W), bi-weekly (every other week) (BW), twice per month TM, monthly (M) or yearly (Y). If income fluctuates, list expected annual gross income or average monthly income. **All Other Incomes:** List all other amounts received on a regular basis from any source. For self-employment or farm income, list annual net income after deduction of business expenses (reported on a Schedule C or Schedule F of federal tax return).

If you are applying for a FOSTER CHILD, follow these instructions (use a separate application for each foster child):

Part 1. Check the box if this is the first time a school meal application is completed for this child.

Part 2. Check the box "One foster child." Check the box to indicate that the foster child receives no income for personal use, or write in the amount of personal use income to the foster child. Write in the foster child's name, birth date, grade and school. . If a child receives a regular income, such as SSI payments or wages from a job, list the amount and how often it is received in the last column. Do not list occasional earnings like babysitting.

Part 3. Skip this part.

Part 4. Skip this part.

Part 5. If your child is approved for meal benefits, this information may be shared with state of Minnesota health insurance programs to identify eligible children. Leave the boxes blank to allow sharing of information.

Part 6. An adult household member must sign the form. A Social Security Number is not necessary.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Complete an Application for Educational Benefits if your household income is less than or equal to the amount shown for your household size in this chart. These amounts are effective July 1, 2011 through June 30, 2012.

<u>Household Size</u>	<u>Maximum Total Household Income</u>				
	<u>Annual \$</u>	<u>Month \$</u>	<u>Twice/Month \$</u>	<u>Per 2 Weeks Per Week \$</u>	
1	\$20,147	\$1,679	\$ 840	\$ 775	\$ 388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional household member add:	\$ 7,067	\$ 589	\$ 295	\$ 272	\$ 136