** Benson Public Schools District #777**

 320-843-2710 | benson.k12.mn.us | 1400 Montana Ave, Benson, MN 56215

 *“Exceptional Opportunities for Every Student’s Success”*

**August 18, 2021**

**Dear Parents,**

The application for meal benefits is attached. **I encourage you to complete and return the application.**

**Most of the grants that we apply for are based on our percentage of students who are eligible for free or reduced meals.** Many of our high school students may be eligible for free or reduced meals but do not apply because they do not eat at the school. By completing and returning the application form these students would increase our percentage regardless if they eat at the school, financially benefitting the school. In addition, compensatory school funding is based on free and reduced numbers. Even if you are not sure you qualify or if your child may not eat school lunch, please take time to complete and return the application. **Families that complete this application will receive a $20 per child incentive that can be applied towards student activity fees, lunch accounts, snack and milk break, etc. Each child in the family will receive $20, whether the family qualifies for free, reduced meals, or paid meals.**

If your family is in a temporary or inadequate living situation due to a loss of housing, your child may be eligible for certain educational rights and services under the McKinney-Vento Act.

**Please complete the application and return it.** The information is strictly confidential. **Once again,** **every family that simply completes this application will receive $20 per child that can be applied towards student activity fees, lunch accounts, snack and milk break, etc.**

Thank you for your assistance.

Dennis Laumeyer

Superintendent

To: Parents and Students at Benson Schools Date: August 2021

From: Jeanine Bowman, Food Service Director Re: School Meal Accounts

**BREAKFAST/LUNCH INFORMATION**

The **"offer versus serve" provision** recognizes that students have an ability to exercise discretion in their choice of foods. Benson Public Schools participates in the "offer versus serve" provision. Participating students *must choose at least three of the five items including a ½ cup of fruit or vegetable* for their lunch and *three items* for their breakfast including a fruit or vegetable. The five items "offered" for lunch include protein, vegetable, fruit, milk and grain. The three "offered" components for breakfast include milk, grain and fruit. Which items the students' take is *their choice*. If your child does not take the required food groups, this is not considered as a reimbursable meal and will be charged separately. **If your child is on the free or reduced program, and does not take the required items, your child would not receive this benefit and would have to pay for this meal**. In addition, milk breaks, second helpings of the main entrée, or extra milk are not part of the free/reduced program. Your child is offered an extra serving amount of fruit and vegetable servings at no additional cost.

**Breakfast** is served at the Northside and High School cafeterias. Breakfast consists of hot and cold choices served buffet style. Our new **Second Chance Breakfast** is for students in grades 6-12 at 9:33 a.m.-9:45 a.m. in the high school cafeteria.

Students in grades 6-12, are offered **hot choices, grab & go choices and sandwich choices with a fruit and vegetable bar.** These can be used as a reimbursable meal choice or as an added charged item. The ala carte line offers healthy snacks, entrees, and beverages.

**Special Diets**: We will accommodate students with special diets according to the **Rehabilitation Act of 1973 and the Americans with Disabilities Act.** Please contact the Foodservice Director if this pertains to your child. Special forms will need to be filled out and will require a medical doctor’s authorization. This form is also found on the school website. Lactose free milk is available upon written parent request. Please contact Foodservice if your child requires this.

Each student will be finger scanned for meal identification purposes only. The school will not have a copy of any fingerprints from this system nor will it be able to recreate one. Federal guidelines allow a student to have one reimbursable breakfast and one reimbursable lunch per day. Milk breaks and the Elementary Healthy Snack are not reimbursed by the state or federal government and are a paid only item. Kindergarten students receive free milk break once daily.

**Meal prices are as follows:**

**Breakfast**: Grades PreK – 12: Free for 2021-2022 School Year

**Second Breakfast:** Grades 6-12: $2.50

**Lunch**: Grades PreK – 12: Free for 2021-2022 School Year

**Second Lunch**: Grades 6-12: $4.50

**Milk**: $.50

**Adult**: Breakfast: $2.50 Lunch: $4.50

**MILK BREAKS/ELEMENTARY HEALTHY SNACKS**

At Northside Elementary schools, **Special Milk Breaks** are offered. This is not part of the free/reduced lunch program and must be paid by all families. Lactose free milk is available with parental written consent to any child who needs this. Juice will not be given as a replacement without a medical doctor’s note.

**Milk break costs are as follows:**

Northside: 1-5 per semester = $32.50 1-5 per year = $65.00

 Kindergarten students receive free milk break once daily.

**Elementary Healthy Snack costs are as follows:**

K–5th Grade Program: per semester = $45.00 per year = $90.00

**MEAL CHARGING POLICY**

The computerized meal accounting system at the Benson Public Schools is a **PRE-PAID** system. All meals are paid for by depositing money into the family account before meals are served. This is a FAMILY account; therefore, you **only need to send one check per family**. Remember, all students within your family are taking from the same account. **The fee you send in is for food service accounts only. Any other student fees must be sent separately**. As you purchase food or milk, the price is deducted from the account. **If your lunch account is a zero balance or below, your child will not be allowed extra milk, or ala carte.** If you qualify for free or reduced meals, your child will be allowed to only eat the qualifying meal. Students without money in their account must pay cash or bring their lunch from home. It is the responsibility of the parents or guardians to be sure there is money in the account. Parents or guardians may call 320-842-2702 on any school day to find out how much money is remaining in the account. Any family having difficulty in working with this policy is strongly encouraged to apply for benefits offered by the free or reduced meal program. You must reapply to the free and reduced program each year regardless if you were on the program last year. Statements are e-mailed twice per week or sent by postal service weekly.

***Please fill out the enclosed Student Allowed Charging Form for foodservice to allow your child to charge extras. Forms may be picked up in the Food Service Department or online under the Food Service Department. If you are not making any changes from the previous year, you do not need to fill out the form.***

***Please see attached Lunch Policy.***

**LUNCH ACCOUNT BALANCE ON-LINE**

You may now access your lunch account balance on-line. Please follow the steps below:

1. Go to [www.benson.k12.mn.us](http://www.benson.k12.mn.us); under District tab, click on Food Service tab.

2 Click on Parent Portal (If you do not have a parent portal username and password, please contact the school at 320-843-2710).

3. Click on lunch to access your account balance and student lunch transactions.

4. To pay online, click on the online payments button located on the Food Service main page. You will need to know your family ID which is on parent portal.

You can now pay your lunch account through JMC.

1. Login to the JMC Parent Portal
2. Clink on Lunch on the left side
3. Click on the JMC Online Deposit for Families button on the top of the screen
4. Enter dollar amount you are paying (no fees are charged)
5. Enter your full name (First, Last)
6. Enter in credit card or bank information
7. Enter in your email (receipt is emailed)
8. Click on Save to my Account if you want your payment information saved.
9. Click Submit – payment will be immediately applied to your account.

Please contact the school to update any changes in your address, phone and email information.

Please make checks payable to Benson Public Schools. In the memo indicate lunch money and also include the student's first and last name (if different from parent's last name) to ensure that your check is deposited into the correct account.

 Mail payment to:

Benson Schools

1400 Montana Avenue

Benson, MN 56215

**HANDLING OF LOST, STOLEN, AND MISUSED PIN NUMBERS IN THE SCHOOL LUNCH PROGRAM**

The Child Nutrition Section of the United States Department of Agriculture has issued a policy.

This policy is established with respect to students who report misuse of PIN (personal identification number) numbers in schools and institutions that participate in the National School Lunch, School Breakfast, Commodity School or Special Milk Programs. Under no circumstances are PIN numbers allowed to be borrowed or exchanged to anyone other than the person who holds the number. Disciplinary action will be taken for those students who do so.

**If you have any questions about your lunch account, please call (320) 842-2702. We look forward to a great year!**

Dear Parent/Guardian:

Our school provides healthy meals each day. The United States Department of Agriculture is allowing schools to provide meals **for the 2021-22 school year** through a provision of the National School Lunch Program called the Seamless Summer Option (SSO). A waiver has been issued in order to support access to nutritious meals while minimizing potential exposure to COVD-19.

Our school has chosen to use this waiver and operate the SSO which enables us to provide ***meals* *free of charge for all students***. No application is required to receive this free meal benefit.

However, your child(ren) may qualify additional benefits such as reduced fees or the Pandemic Electronic Benefit Transfer (P-EBT) which is a federal temporary emergency nutrition benefit that is loaded onto electronic cards for families to purchase food. At public schools, your application also helps the school qualify for education funds and discounts.

To apply, complete the enclosed Application for Educational Benefits following the instructions. Return your completed Application for Educational Benefits to:

**Mackenzie Dokkebakken, Benson Public Schools, 1400 Montana Avenue, Benson, MN 56215**

**Who should complete this application?** 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 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 your children 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.

Please provide the information requested about children’s racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval.

If you have other questions or need help, call 320-843-2710.

Sincerely,

Dennis Laumeyer

**How to Complete the Application for Educational Benefits – Seamless Summer Option**

Complete the Application for Educational Benefits form for school year 2021-22 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, 2021 through June 30, 2022.

**Maximum Total Income**

| **Household size** | **$ Per Year** | **$ Per Month** | **$ Twice Per Month** | **$ Per 2 Weeks** | **$ Per Week** |
| --- | --- | --- | --- | --- | --- |
| 1 | 23,828 | 1,986 | 993 | 917 | 459 |
| 2 | 32,227 | 2,686 | 1,343 | 1,240 | 620 |
| 3 | 40,626 | 3,386 | 1,693 | 1,563 | 782 |
| 4 | 49,025 | 4,086 | 2,043 | 1,886 | 943 |
| 5 | 57,424 | 4,786 | 2,393 | 2,209 | 1,105 |
| 6 | 65,823 | 5,486 | 2,743 | 2,532 | 1,266 |
| 7 | 74,222 | 6,186 | 3,093 | 2,855 | 1,428 |
| 8 | 82,621 | 6,886 | 3,443 | 3,178 | 1,589 |
| Add for each additional person | 8,399 | 700 | 350 | 324 | 162 |

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

# Minnesota Department of Education

#  2021-22 Application for Educational Benefits – Seamless Summer Option

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (*School/District Information*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 your children 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)

1. **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)[ ]
2. **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 |
| --- | --- | --- | --- | --- | --- |
|  | **$** |[ ] [ ] [ ] [ ]

1. **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)** | Na | **Gross Earnings from Working at Jobs** | Na | **Are you Self-Employed or a Farmer?** | Na | **Any Other Gross Income** |
| --- | --- | --- | --- | --- | --- | --- |
| 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. | Na | Weekly | Bi-weekly | 2x Month | Monthly | Report income **before deductions or taxes** in whole dollars (no cents). | Na | Monthly | Yearly | **Net income** from Farm or Self-Employment. Do not duplicate elsewhere. | Na | Weekly | Bi-weekly | 2x Month | Monthly | SSI, Unemployment, Public Assistance, Child Support, and others on Page 2 |
|  |  |[ ] [ ] [ ] [ ]  $ |  |[ ] [ ]  $ |  |[ ] [ ] [ ] [ ]  $ |
|  |  |[ ] [ ] [ ] [ ]  $ |  |[ ] [ ]  $ |  |[ ] [ ] [ ] [ ]  $ |
|  |  |[ ] [ ] [ ] [ ]  $ |  |[ ] [ ]  $ |  |[ ] [ ] [ ] [ ]  $ |
|  |  |[ ] [ ] [ ] [ ]  $ |  |[ ] [ ]  $ |  |[ ] [ ] [ ] [ ]  $ |

| ***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:** |  |  |

**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 give 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, my children may lose meal benefits, and 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

### 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 for free or reduced price meals. 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 Income for Adults**

| Sources of Child Income | Examples | NA | Earnings from Work | Public Assistance / Alimony/ Child Support  | All Other Income |
| --- | --- | --- | --- | --- | --- |
| * Earnings from work
* Social Security
	1. Disability Payments
	2. Survivor’s Benefits
* Income from person outside the household
* Income from any other source
 | * A child has a regular full or part-time job where they earn a salary or wages
* A child is blind or disabled and receives Social Security
* A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
* A friend or extended family member regularly gives a child spending money
* A child receives regular income from a private pension fund, annuity, or trust
 |  | * Salary, wages, cash bonuses (before deductions or taxes)
* Net income from self-employment (farm or business)
* If you are in the U.S. Military:
	1. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
	2. Allowances for off-base housing, food and clothing
 | * Cash Assistance from State or local government
* Supplemental Security Income
* Unemployment benefits
* Worker’s compensation
* Alimony payments
* Child support payments
* Veteran’s benefits
* Strike benefits
 | * Social Security
* Disability benefits
* Regular income from trusts or estates
* Annuities
* Investment income
* Rental income
* Regular cash payments from outside household
 |

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identiﬁer for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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 school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE 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.

**Nondiscrimination statement**: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for beneﬁts. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](http://www.ascr.usda.gov/complaint_filing_cust.html), http://www.ascr.usda.gov/complaint\_filing\_cust.html and at any USDA office; or, 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

(1)   Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2)   Fax: 202-690-7442; or

(3)   Email: program.intake@usda.gov.

This institution is an equal opportunity provider.