

STEP 1 — All HCPA students in the Household

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Grade (Optional)	Foster	Homeless	Migrant	Runaway
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STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP, or FDPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number then skip to STEP 4.

☐ Child is legal responsibility of a welfare agency or court.
(If all children applied for are foster children, skip Steps 3 and 4.)

Case Number:

Do not use Medical Assistance or EBT card numbers.

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How to Complete the Alternate Application for Educational Benefits** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly	Child Income	How Often?													
		W	E	T	M										
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
B. List all household members not listed in Step 1 (including yourself and other non-HCPA students and children) even if they do not receive income . For each household member listed, report total gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.															
Household Member Name (First and Last)	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?			
		W	E	T	M		W	E	T	M		W	E	T	M
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STEP 4 — Contact Information and Adult Signature

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.

Printed name of adult signing the form	Signature of household member completing the form	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Work Phone Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

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



STEP 1 — All HCPA students in the Household (Extra Fields)

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
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STEP 3 — All Household Member Income (Extra Fields) (Skip this step if you answered ‘Yes’ in STEP 2)

Please read **How to Complete the Alternate Application for Educational Benefits** for more information. The “Sources of Income for Children” section will help you with the Child Income question. The “Sources of Income for Adults” section will help you with the All Adult Household Members section.

Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly

Household Member Name (First and Last)	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?			
		W	E	T	M		W	E	T	M		W	E	T	M
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Privacy Act Statement: This explains how we will use the information you give us.
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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.
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, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-programdiscrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and 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:
(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.

APPLICATION FOR EDUCATIONAL BENEFITS/SCHOOL NUTRITION PROGRAM - 2024-2025 SCHOOL YEAR

If you have any questions, please call Food Services at 651-209-8002. This application is also available online at <https://schoolcafe.com/HCPA>

We cannot accept faxed or emailed copies. Completed originals can be mailed using the business reply envelope (if provided), given to the main office, or mailed to HCPA Food Services, 1515 Brewster St., St. Paul, MN 55108. A new application must be completed each school year.

Please allow 10 working days for eligibility determination. We will send you a letter with the results (free, reduced, or denied). If you have any questions, please call Food Services at 651-209-8002.

If you've received a letter from us that ALL of your children have already qualified for free meals, you do not need to fill out an application. If any children are not listed on the letter, please call Food Services at 651-209-8002.

APPLY FOR BENEFITS: You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for SNAP, MFIP or FDPIR benefits, you may complete an application at that time. If you have already completed an application and your income changes, call Food Services at 651-209-8002.

FAIR HEARING: You may talk to school officials if you do not agree with the decision on your application or the results of verification. You may also ask for a fair hearing. You may do this by calling or writing: Blia Her, Office Manager, 1515 Brewster St., Saint Paul, MN 55108, 651-209-8002.

VERIFICATION: If you submit an application and it is approved, the application may be verified by the district and/or the MN Department of Education at any time during the school year. School officials may require documentation that your child(ren) are eligible for free or reduced-price meals. Your child's eligibility status for free or reduced-price meals may be verified with any data available for this purpose, including data from MN Departments of Economic Security, Revenue and Human Services.

PRIVACY OF YOUR CHILD'S ELIGIBILITY STATUS: Your child's eligibility status for school meals (qualified for "free", "reduced-price" or "denied" is private data used by the school to provide the correct school meal benefits to your child. At public school district, each child's eligibility status is recorded on a statewide computer system used to report student data to the MN Department of Education as required by state law. The MN Department of Education used this information to: (1) administer state and federal program; (2) calculate the compensatory revenues for public schools; and (3) judge the quality of the state's educational program. Federal law allows a school to release a child's meal eligibility status to officials of the following types of programs; (1) federal education program; (2) state health or education program administered by the school or a state agency; and (3) federal, state, or local nutrition program that has participation requirements similar to the National School Lunch Program. School officials may send information about other programs or benefits that may be of interest to households that have qualified for free or reduced-price school meals. School meal eligibility information is also used for statistical reports, without individuation identification. A child's eligibility status will not be release for any other purpose unless a parent or guardian requests the release in writing.

PRIVACY OF INFORMATION THAT YOU PROVIDE ON THIS FORM: Information that you provide on this form is private data. The information is used to determine and verify whether children in your household qualify for free or reduced-price school meals. The school and the MN Department of Education may use the information provided on this form in carrying out efforts to verify the correctness of household size and income and public assistance information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting state agencies such as the MN Departments of Economic Security, Human Services, or Revenue to verify claims or legal actions if incorrect information is report. The information you provide on this application is not released for any other purpose unless a parent or guardian requests the release in writing.

SHARING INFORMATION WITH MINNESOTA HEALTH CARE PROGRAMS: Children who are eligible for school meal benefits may be eligible for Minnesota Health Care Programs. Your child's eligibility status for school meals (qualified for free or reduced-price meals) may be shared with Minnesota Health Care Programs unless you tell us not to. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

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, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and 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: (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.

Income Eligibility Reduced-Price Guidelines—July 1, 2024–June 30, 2025

Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,862	2,323	1,162	1,073	537
2	37,815	3,153	1,577	1,456	729
3	47,768	3,982	1,992	1,839	920
4	57,721	4,811	2,406	2,221	1,111
5	67,674	5,641	2,821	2,604	1,303
6	77,627	6,470	3,236	2,987	1,494
7	87,580	7,300	3,651	3,370	1,686
8	97,533	8,129	4,065	3,753	1,877
For each additional family member add:					
	9,953	830	415	383	192

Sources of Income for Children		Sources of Income for Adults		
Source	Example(s)	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	Salary wages, cash bonuses Net income from self-employment (farm or business)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household
- Social Security	A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits.	If you are in the U. S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing		
- Income from person outside of the household	- A friend or extended family member regularly gives a child spending money			
- Income from any other source	- A child receives regular income from a private pension fund, annuity or trust			