

Minnesota Transitions Charter School
Admissions Form
2023-2024 School Year | Full-Time Student

Student's Legal Name _____
(Last name) (First name) (Middle name) (Name student likes to be called)

Address _____ **Apt/Unit/Lot #:** _____ **City, Zip** _____
(City, Zip)

Birth date ____/____/____

Grade Applying For: _____

Student Email _____ **Student Phone: (____)** _____

Legal Guardian #1 _____ **Sex** M F
(Last name) (First name) (Middle initial)

Does student reside with this person? ☐ Yes ☐ No Relationship to student _____

Address _____ *Check ☐ if no permanent MN residence.
(City, Zip)

Primary Phone (____) _____ **Secondary Phone (____)** _____

Legal Guardian #1 Email _____ *Check ☐ if no email account.

Legal Guardian #2 _____ **Sex** M F
(Last name) (First name) (Middle initial)

Does student reside with this person? ☐ Yes ☐ No Relationship to student _____

Address _____ *Check ☐ if no permanent MN residence.
(City, Zip)

Primary Phone (____) _____ **Secondary Phone (____)** _____

Legal Guardian #2 Email: _____ *Check ☐ if no email account.

☐ **Student is eligible for enrollment to MTS Schools**

☐ **Student is ineligible for enrollment to MTS Schools**

Staff Initials: _____



How Did you hear about us?

- ☐ Radio
☐ Search Engine
☐ Friend

Other: _____

Minnesota Transitions Charter School
2872 26th Ave S Mpls, MN 55406
612-722-9013

2023-2024 School Year | Full-Time Student

What Program are you applying for? _____

Student's Legal Name _____

(Last name)

(First name)

(Middle name) required

Name student likes to be called

Address _____ **City, Zip** _____ ***Check ☐ if no permanent MN residence.**

Apt/Unit: _____ **County:** _____ **Birth date** ____/____/____ **Sex** M F **Grade (2023/2024):** _____

County of Residence

Student Email _____ **Student Phone:** (may be student cell): (____) _____

Ethnic Background ☐ Native American ☐ Asian ☐ Hispanic ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White

Has student ever received special education services or been tested for special education services? ☐ Yes ☐ No

If yes – type of services, didn't qualify, or exit date _____ Year _____

Does student currently have an Individualized Education Plan (IEP)? ☐ Yes ☐ No School: _____

Does student currently have a 504 Accommodation Plan? ☐ Yes ☐ No School: _____

Does student currently receive ESL Support ☐ Yes ☐ No School: _____

If yes – how many years _____, or exit date year _____

Circle any that apply to student at any point in past: Gifted/Talented ☐ Early Childhood ☐ Summer School ☐ Title 1 Reading/Math ☐

Has student ever been expelled or suspended from school? ☐ Yes ☐ No If yes, explain: _____

Reason: _____ **Year** _____

Has the expulsion or suspension been lifted? ☐ Yes ☐ No If no, explain: _____

Is the student currently truant? ☐ Yes ☐ No If yes, provide the following information for the student's current county worker:

Name: _____ **Phone:** _____ **County:** _____

Legal Guardian #1 _____ **Sex** M F

(Last name)

(First name)

(Middle initial)

Does student reside with this person? ☐ Yes ☐ No **Relationship to student** _____ **County:** _____

Is this person Active Duty with one of these Branches: Army, Navy, Air Force, Marine Corps, and Coast Guard? Circle: Yes No

Address _____ ***Check ☐ if no permanent MN residence.**

(City, Zip)

Primary Phone (____) _____ **Secondary Phone** (____) _____ **Spoken Language:** _____

Legal Guardian #1 Email _____ ***Check ☐ if no email account.**

Legal Guardian #2 _____ **Sex** M F

(Last name)

(First name)

(Middle initial)

Does student reside with this person? ☐ Yes ☐ No **Relationship to student** _____ **County:** _____

Is this person Active Duty with one of these Branches: Army, Navy, Air Force, Marine Corps, and Coast Guard? Circle: Yes No

Address _____ ***Check ☐ if no permanent MN residence.**

(City, Zip)

Primary Phone (____) _____ **Secondary Phone** (____) _____ **Spoken Language:** _____

Legal Guardian #2 Email _____ ***Check ☐ if no email account.**

Minnesota Transitions Charter School

Please complete all information requested below.

Is the student a previous Minnesota Transition Charter School student? • Yes • No

If yes - School Name _____ Year _____

What year did the student start kindergarten? _____ State: _____

Previous School(s) Attended – List all schools, programs, and treatments centers. Please use another page for additional schools if necessary- **Please provide complete school name; incomplete information may cause delay in processing application.**

SCHOOL NAME	ADDRESS	CITY	STATE	ZIP	GRADE
PLEASE LIST ALL SCHOOLS BEGINNING WITH YOUR MOST RECENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.					

Please list any additional information about yourself, or your situation you feel may be important for MTS to know in order for you to be successful in our program: _____

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 4017. Certain information, known as "directory information", such as student's name, name of school attended, grade level, parent(s) name, address and telephone number is available to the public and military recruiters unless the district receives a written request from a parent to withhold this information.

Legal Guardian Initial With the submission of this application, I am aware that the student listed above will be withdrawn from his/her current school the day before starting with MTS. Please continue attending your current school until start date.

Legal Guardian Initial As the parent or legal guardian, I am electing the curriculum provided by MTS for the student listed above.

Legal Guardian Initial I give permission for my student to participate in groups offered by Minnesota Transitions Charter School.

Legal Guardian Initial I give permission for my student's image obtained at any MTS event to be used in advertising. I understand that no last name will be published.

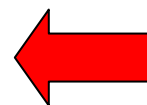
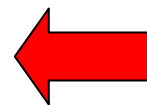
I CERTIFY ALL ABOVE INFORMATION IS CORRECT.

Signed: _____ Date: _____
Legal Guardian Signature (Required if student under 18)

Printed Name: _____
Legal Guardian Name

Signed: _____ Date: _____
Student Signature (Required)

Printed Name: _____
Student Name



As parents and guardians you have the right to know if your child's teachers are highly qualified. For more information you may contact the Superintendent at 612-722-9013.

Consent to Release Educational Records

MN Transitions Charter School District

Legal Guardian(s): This form allows student records to be exchanged between schools.
If 504 Accommodation Plan or Special Education records exist for your child, please indicate that appropriately below.

Student's Full Name: _____

Date of Birth: _____

Current Grade: _____

Guardian Name: _____

Guardian Address: _____

Guardian Home Phone: _____

Guardian Cell Phone: _____

I authorize: _____ Current School
_____ Street Address
_____ City, State, Zip Code

☐ To release written and verbal information to: MN Transitions Charter School District

School records may be examined by parent(s), or learner if of legal age (18 years old or older). The information to be released:

☐ **Cumulative Records**

Transcripts
State Assessment Results
Immunization
Attendance Records and Communication
Discipline Records
504 Accommodation Plan (if applicable)
ACCESS Score
Other: _____

☐ **Special Education Records**

Current IEP
Current Evaluation Summary Report (special education)
Notices and Progress Reports
Previous relevant special education records
Other: _____

Signed: _____ Dated: _____
Legal Guardian Signature/Student Signature if student is 18 or older

Printed Name: _____
Legal Guardian Name/ Student Name if student is 18 or older

MTS District does not discriminate on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability in its programs and activities. The following person(s) has been designated to handle inquiries regarding the nondiscrimination policies:

**Section 504 Coordinator Erin Copeland
2872 26th Ave South, Mpls, MN 55406
612-722-9013**

**TitleIX Coordinator Kelsey Bennett
2872 26th Ave South, Mpls, MN 55406
612-722-9013**

Please return
this form to the
Health Office

MTCS Health Services
Health & Emergency Information



Student: _____ Grade: _____ Gender: _____ Birthdate: ____/____/____
Last First MI

Primary Address: _____ Phone: _____
Street City State Zip

Dear Parent/Guardian:

A student's health may affect his or her learning. Therefore, updated health information is important. The following information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health and safety of the student. This form should be completed each school year. Please complete this form and return it to the school Health Office as soon as possible.

Thank you

MTCS Health Services

HEALTH INFORMATION

Health Concerns

Please put a ✓ if the student CURRENTLY HAS or HAS HAD IN THE PAST any of these health concerns:

☐ **No Health Concerns**

☐ Allergies (if yes, to what): _____

Anaphylactic/Life threatening? ☐ **Yes** *Needs care plan ☐ **No**

☐ Asthma or breathing problems (if yes, see below):

• Has the student had episode(s) of wheezing in the last 12 months? ☐ **Yes** *Needs care plan ☐ **No**

• Has the student had to take medication to resolve breathing problems in the last 12 months? ☐ **Yes** *Needs care plan ☐ **No**

☐ Bladder/Bowel problems (if yes, describe): _____

☐ Diabetes (if yes, see below): *Needs care plan

• Type (I or II): _____

• Managed by: ☐ Diet only ☐ Oral medication ☐ Insulin injections ☐ Insulin pump

☐ Diagnosed diet restrictions/needs (if yes, describe): _____

☐ Heart problems (if yes, describe): _____

☐ Seizures (if yes, see below): *Needs care plan

• Type (describe) _____ Date of last seizure: _____

☐ Social/Emotional/Mental Health concerns (if yes, describe): _____

☐ Recent surgeries or hospitalizations (if yes, describe): _____

☐ Activity restrictions (if yes, describe): _____

***Note:** If yes, a current written note from your provider stating the restrictions and length of restrictions is needed in the health office

☐ Autism

☐ Genetic/Congenital disorder

☐ Hearing impaired

☐ Blood disease

☐ Vision impaired

☐ Migraines

☐ Cancer

☐ Head injury/Concussion

☐ Other: _____

Complete for High School Students Grades 9-12

According to MS 121.222 (2005) a secondary student may possess and use non-prescription pain relief such as Tylenol or Motrin. Medications must remain in the original container and taken according to directions. Parent/Guardian permission must be given in order for students to "self-carry" non-prescription pain relievers. I hereby give my child permission to "self-carry" non-prescription pain relievers.

☐ Signature: _____

Parent(s)/Guardian(s) Note: The school district does not supply over-the-counter pain relievers to students.

Health Insurance

☐ The student HAS health insurance

☐ The student DOES NOT HAVE health insurance. Would you like assistance with applying? ☐ Yes ☐ No

Health Care Providers

Primary Care Provider	Clinic/Location	Phone Number

Hospital Preference	Address	Phone Number

***Note:** In case of an emergency, our procedure will be to attempt to contact the parent/guardian. Paramedics or local police may be called for assistance. Your student will be taken to the most appropriate hospital for emergency care if no other arrangements have been made.

Emergency Contacts

Parent/Guardian 1: _____
Print Name Primary Phone Number Work Phone Number

Email Address

Parent/Guardian 2: _____
Print Name Primary Phone Number Work Phone Number

Email Address

Emergency Contact: _____
Print Name Relationship Phone Number

Emergency Contact: _____
Print Name Relationship Phone Number

Custody Issue ☐ Yes ☐ No

***Note:** If custodial issues are involved, a copy of decree must be on file at school.

This information is current and correct. I understand that it is my responsibility as the parent/guardian to notify the school of new or existing health concerns or any changes to contact information. I understand that this health history form must be updated every school year.

Parent/Guardian Signature

Printed Name

Date

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

2023-24 Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: MTS 4017 School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions **(in bold)** for their children. If you choose not to answer the federal questions **(in bold)**, federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

☐ **Yes** [If yes, go to Question A.]

☐ **No** [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|----------------------------------------------|---------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** [If yes, go to Question 1a.]

☐ **No** [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|----------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

☐ **Yes** [If yes, go to Question 3a.]

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

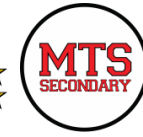
Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____



Digital Equity Questionnaire

Student Name: _____ Birthdate: _____

Please answer the following questions based off your current living status

Can the student access the internet?

- ☐ Yes
- ☐ No (Not Available)
- ☐ No (Not Affordable)
- ☐ No (other)

What is the primary type of service?

- ☐ None
- ☐ Broadband
- ☐ Cellular
- ☐ School Hotspot
- ☐ Satellite
- ☐ Dial-Up
- ☐ Other

What type of device does student use?

- ☐ Desktop/Laptop Computer
- ☐ Tablet
- ☐ Chromebook
- ☐ Smart Phone
- ☐ None
- ☐ Other

Is device personal or school-provided?

- ☐ Personal
- ☐ School Provided

Can the student stream video?

- ☐ Yes (No Issues)
- ☐ Yes (Not consistent)
- ☐ No

Is the device shared?

- ☐ Dedicated (Not Shared)
- ☐ Shared

Minnesota Transitions Charter Schools
2872 26th Avenue South,
Mpls, MN 55406
612-722-9013



**Self Identification Form for Homeless and Highly Mobile Students
Title 1 – McKinney Vento**

Student Name _____ Date of Birth _____ Grade _____

Phone Number _____ Email Address _____

Please answer the questions below to best describe your living situation. The purpose of this information is to ensure the rights of you and your children under the McKinney Vento Act and the information you provide is confidential.

Do you or your family currently live in any of these situations? (Check all that apply)

- ☐ I stay in either a shelter or a transitional housing/independent living program.
- ☐ I am doubled-up with friends or relatives, but I am not on their lease.
- ☐ I stay on the streets (in an abandoned building, in a car, or in other unsafe conditions).
- ☐ I stay in a hotel/motel.
- ☐ I am in a temporary foster care placement.
- ☐ I am under 18 and do not live with a parent or guardian
- ☐ One of the above situations applies to me, **and I have a child.**

If you checked any of the above situations, you are entitled to the following rights:

- To attend school, to continue in the school you and your child attended before you became homeless, and if feasible, to receive transportation to that school and to school programs.
- To enroll in school without a permanent address and attend classes while the school arranges for a school transfer, immunization records, or other documents required for enrollment.
- To receive the same special programs and services, if needed, as provided to all other children served in these programs.
- To have enrollment disputes addressed quickly.

☐ **None of the above situations apply to me.**

Parent/Guardian or Student Signature _____ Date _____

The McKinney Vento Homeless Education Assistance Act and MN Transitions Charter School assures the educational rights listed above for all homeless and highly mobile students. Call the District Liaison for further information: **Courtney Stenseth (612) 235-5780**. Your information is confidential and shall be kept for the current school year only. For a copy of this document, simply ask the front office.

Office Use:	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Homeless Liaison	<input type="checkbox"/> Other _____
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How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2023-24 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, 2023 through June 30, 2024.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

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 for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

2023-24 Application for Educational Benefits

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 (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

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
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
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.

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

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** _____

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	<input type="checkbox"/> Verified? Attach Tracker	No change <input type="checkbox"/>	Free After Verified <input type="checkbox"/>	Reduced After Verified <input type="checkbox"/>	Denied After Verified <input type="checkbox"/>
	Weekly	Bi-weekly	2X Month	Monthly	Annualize		Categorical Eligibility <input type="checkbox"/>	Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>
All Total Income (Include child and adult income)						Household Size:				
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
<ul style="list-style-type: none">Earnings from workSocial Security<ul style="list-style-type: none">Disability PaymentsSurvivor's BenefitsIncome from person outside the householdIncome from any other source	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social SecurityA Parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA 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
<ul style="list-style-type: none">Salary, wages, cash bonuses (before deductions or taxes)Net income from self-employment (farm or business)If you are in the U.S. Military:<ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)Allowances for off-base housing, food and clothing	<ul style="list-style-type: none">Cash Assistance from State or local governmentSupplemental Security IncomeUnemployment benefitsWorker's compensationAlimony paymentsChild support paymentsVeteran's benefitsStrike benefits	<ul style="list-style-type: none">Social SecurityDisability benefitsRegular income from trusts or estatesAnnuitiesInvestment incomeRental incomeRegular 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, 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, audiotope, 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

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