



# 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: **ISD 2397, 115 1/2 N. 5th St. Suite 200, Le Sueur, MN. 56058**

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

Any Other Gross Income			
Weekly	Bi-Weekly	2x Month	Monthly
<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 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, 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:	All Total Income (include child and adult income)					Household Size:	Household Categorical Eligibility	Reduced	Denied
	X52	X26	X24	X12	X1				
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annualize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Official Signature:									
Confirming Official Signature:									
Date:									



# Le Sueur-Henderson Public Schools

Independent School District 2397

115 North Fifth Street, Suite 200

Le Sueur, MN 56058

Phone: (507) 665-4600 • www.isd2397.org • Fax: (507) 665-6858

## SHARING ELIGIBILITY STATUS WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, your eligibility status from your Application for Educational Benefits may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your eligibility status. Sending in this form will not change whether your child(ren) get free or reduced price meals.

No! I **DO NOT** want my eligibility status from my Application for Educational Benefits shared with any of these programs.

Yes! I **DO** want school officials to share my eligibility status from my Application for Educational Benefits for all Le Sueur-Henderson programs where free or reduced status determines the fee structure.

Yes! I **DO** want school officials to share my eligibility status from my Application for Educational Benefits with **ECFE and School Readiness programs for determining class/tuition fees.**

Yes! I **DO** want school officials to share my eligibility status from my Application for Educational Benefits with the **Activities Director for cocurricular activity fee waivers.**

Yes! I **DO** want school officials to share my eligibility status from my Application for Educational Benefits with the **School Counselors for college readiness exam waivers and student support services.**

If you checked yes to any or all of the boxes above, fill out the form below. Your eligibility status will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may contact Juanita Flores at 507-665-4602 or [sflores@isd2397.org](mailto:sflores@isd2397.org).  
Return this form to: Juanita Flores, ISD 2397, 115 North 5th Street, Suite 200, Le Sueur, MN 56058