

You can also apply easily online at [www.ahschools.us/freereduced](http://www.ahschools.us/freereduced)  
**2023 - 2024 Anoka-Hennepin Schools Application for Educational Benefits**

Complete one application per household. Please use a pen (not a pencil).

**STEP 1 — All Students in the Household attending Anoka-Hennepin Schools ONLY**

Student ID (optional)	Legal Last Name	First Name	MI	Date of Birth (MM/DD/YY)	Grade	Check box if Foster Child
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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**STEP 2 — Assistance Programs** — Medical assistance case numbers **cannot be used** on an application to qualify for benefits.

Do you or does anyone in your household currently participate in one or more of the following assistance programs: SNAP, MFIP, or FDPIR?

SNAP  MFIP  FDPIR

If YES, mark the applicable program and write in the case number to the right, then proceed to STEP 3 and skip STEP 4. If NO, proceed to STEP 3.

Case Number:

**STEP 3 — Sharing of Information**

Leave the box blank to allow the school district fees to be waived or reduced for programs such as athletics and field trips. If your children are approved for benefits, this information may also be provided to Minnesota Health Care programs to determine if you may be eligible for MN Health Care.

Do not share my information with Minnesota Health Care Programs or Anoka-Hennepin Programs.

**STEP 4 — Other Household Members and Income**

A. Sometimes students in the household earn or receive income, such as from SSI. Please include the TOTAL gross income received by all students listed in Step 1 here.

Gross Student Income	How Often Paid?				
	A	W	E	T	M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. List yourself, other household members and any other non-Anoka-Hennepin students below. Do not include students listed in Step 1. For each household member listed, report total gross income from each source in whole dollars. If a household member does 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.

List gross income (before deductions) and how often paid: A = Annual, W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly

Other Household Member Names (Last, first name) (Adults, non-students)	Gross Income from Work (before taxes / deductions)	How Often Paid?					Public Assistance / Child Support / Alimony	How Often Paid?					Pensions / Retirement / SSI / All Other Income	How Often Paid?				
		A	W	E	T	M		A	W	E	T	M		A	W	E	T	M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Household Size  
(Add students in Step 1 plus all other household members listed in Step 4)

Last Four Digits of Social Security Number (SSN) of the Person signing the Application

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OR

Check here if no SSN

**STEP 5 — 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 benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form

Printed name of adult completing the form

Today's Date




Home Phone Number

Cell Phone Number

Email




Notes for office use:

## HOW TO COMPLETE THE APPLICATION FOR EDUCATIONAL BENEFITS

Use these instructions to help you fill out the Application for Educational Benefits. You only need to submit one application per household, even if your children attend more than one school in **the Anoka-Hennepin School District**. The application must be filled out completely. Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact **Child Nutrition at 763-506-1240**.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND PRINT CLEARLY.**

### STEP 1: LIST ALL CHILDREN ATTENDING ANOKA-HENNEPIN SCHOOLS.

Tell us how many children in school live in your household. They do NOT have to be related to you to be a part of your household. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. When filling out this section, please include ALL members in your household who are students age 18 or under AND are supported with the household's income and attend school in the Anoka-Hennepin School District.

- A) List each student's name.** Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 5. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 4.

### STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) HAVE A CASE NUMBER WITH ONE OF THE FOLLOWING PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP/Food Stamps), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF/MFIP), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)? **NOTE - Medical Assistance case numbers can not be listed on an application.**

**If No** – If no one in your household participates in these programs, skip this step and proceed to STEP 3.

**If Yes** – If anyone participates in any of these programs, write the case number in the box and proceed to STEP 4..

You only need to write **one** case number even if you participate in more than one of the above programs.

### STEP 3: SHARING OF INFORMATION. If the box is left blank you will be able to receive assistance from other Anoka-Hennepin programs, if you qualify for the free or reduced-price category.

### STEP 4: LIST OTHERS IN THE HOUSEHOLD AND REPORT INCOME.

If your child(ren) receive(s) income such as SSDI or SSI put that in the box and indicate how often it's received.

**A) LIST ALL HOUSEHOLD MEMBERS (including yourself and students not listed in Part 1)** who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.

- **Do not include** people who live with you but are not supported by your household's income AND do not contribute income to your household.
- **REPORT TOTAL GROSS INCOME** for each household member listed. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
- **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes and deductions. This is not the "take home" amount.
- **What if I am self-employed?** Report income from that work as a net amount. This is calculated by using your Net Income from your most recent 1040, Schedule C, line 37. Divide that by 12 to get the monthly amount.

**B) REPORT TOTAL HOUSEHOLD SIZE.** Add the students in Step 1 to the household members listed in STEP 4. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for the free or reduced price category.

**C) PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** An adult household member must provide the last four digits of his/her Social Security Number. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, check the box to the right labeled "Check if no SSN."

### STEP 5: CONTACT INFORMATION AND ADULT SIGNATURE

**All applications must be signed by an adult member of the household.** By signing the application, that household member is promising that all information has been truthfully and completely reported.

- A) PROVIDE YOUR CONTACT INFORMATION.** If you include a phone number or email address it helps us to reach you quickly if we need to contact you.
- B) PRINT AND SIGN YOUR NAME.** Print your name in the box "Printed name of adult completing the form" and sign your name in the box "Signature of adult completing the form."
- C) WRITE TODAY'S DATE.** In the boxes provided.

**MAIL THE COMPLETED APPLICATION TO 2727 N. FERRY ST, ATTN: CHILD NUTRITION, ANOKA, MN 55303**