



Blackduck Public Schools
www.blackduck.k12.mn.us
Independent School District No. 32
156 1st St. NE P.O. Box 550
Blackduck, MN 56630
Phone: (218) 835-5200 Fax: (218) 835-4491

Dear Parent/Guardian:

Our school provides healthy meals each day. **Breakfast costs \$1.75; lunch costs \$2.85 for Elementary and \$3.35 for High School. Extra milks are .40 cents each.**

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At Blackduck public school, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so **all students who are approved for either free or reduced-price school meals will receive school meals at no charge.** State funds also help to pay for breakfasts for kindergarten students, so **all participating kindergarten students receive breakfasts at no charge.**

Return your completed Application for Educational Benefits to:

Tammy Vernlund
PO Box 550
Blackduck, MN 56630

Who can get free school meals? 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 get free school meals without reporting household income. Or children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance may be eligible for free school meals. 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 qualify for free or reduced-price school meals.

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 information I give be checked? Yes, and 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 for school meal benefits, 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 of school meal benefits. **If you have other questions or need help, call Tammy Vernlund at 218-835-5202**

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2020-21 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, 2020 through June 30, 2021.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Add for each additional person	8,288	691	346	319	160

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.

ALA CARTE

Ala Carte is offered to grades 7 – 12 only. Your 7th – 12th grade child will be able to purchase ala carte items UNLESS you complete the form below and return it to Tammy Vernlund in the District Office stating that you do NOT want them to be able to have ala carte. In order to receive ala carte items there MUST be enough money in your family lunch account to purchase them or your child must have cash in hand. There is absolutely no charging for ala carte items!

DENIAL OF ALA CARTE PRIVILEGES FORM

My Child/Children: _____

are NOT allowed to access the ala carte line.

Parents Signature

Date



School Nutrition Programs Household Income Guidelines Effective July 1, 2020 – June 30, 2021

Household Size of One (1)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 319	320-454	455 or more
Bi-Weekly	0 – 638	639-908	909+
2x per month	0 – 692	693-984	985+
Monthly	0 – 1,383	1,384-1,968	1,969+
Yearly	0 – 16,588	16,589-23,606	23,607+

Household Size of Two (2)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 431	432-614	615 or more
Bi-Weekly	0 – 862	863-1,227	1,228+
2x per month	0 – 934	935-1,329	1,330+
Monthly	0 – 1,868	1,869-2,658	2,659+
Yearly	0 – 22,412	22,413-31,894	31,895+

Household Size of Three (3)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 543	544-773	774 or more
Bi-Weekly	0 – 1,086	1,087-1,546	1,547+
2x per month	0 – 1,177	1,178-1,675	1,676+
Monthly	0 – 2,353	2,354-3,349	3,350+
Yearly	0 – 28,236	28,237-40,182	40,183+

Household Size of Four (4)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 655	656-933	934 or more
Bi-Weekly	0 – 1,310	1,311-1,865	1,866+
2x per month	0 – 1,420	1,421-2,020	2,021+
Monthly	0 – 2,839	2,840-4,040	4,041+
Yearly	0 – 34,060	34,061-48,470	48,471+

Household Size of Five (5)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 767	768-1,092	1,093 or more
Bi-Weekly	0 – 1,534	1,535-2,183	2,184+
2x per month	0 – 1,662	1,663-2,365	2,366+
Monthly	0 – 3,324	3,325-4,730	4,731+
Yearly	0 – 39,884	39,885-56,758	56,759+

Household Size of Six (6)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 879	880-1,251	1,252 or more
Bi-Weekly	0 – 1,758	1,759-2,502	2,503+
2x per month	0 – 1,905	1,906-2,711	2,712+
Monthly	0 – 3,809	3,810-5,421	5,422+
Yearly	0 – 45,708	45,709-65,046	65,047+

Household Size of Seven (7)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 991	992-1,411	1,412 or more
Bi-Weekly	0 – 1,982	1,983-2,821	2,822+
2x per month	0 – 2,148	2,149-3,056	3,057+
Monthly	0 – 4,295	4,296-6,112	6,113+
Yearly	0 – 51,532	51,533-73,334	73,335+

Household Size of Eight (8)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 1,103	1,104-1,570	1,571 or more
Bi-Weekly	0 – 2,206	2,207-3,140	3,141+
2x per month	0 – 2,390	2,391-3,401	3,402+
Monthly	0 – 4,780	4,781-6,802	6,803+
Yearly	0 – 57,356	57,357-81,622	81,623+

Free Meals for a Household of 9 or Larger

Household income must be within the amount shown above (household of 8), plus the amount shown below for each additional household member.

Frequency	Amount
Weekly	112
Bi-Weekly	224
2x per month	243
Monthly	486
Yearly	5,824

Reduced-Price Meals for a Household of 9 or Larger

Household income must be within the amount shown above (household of 8), plus the amount shown below for each additional household member.

Frequency	Amount
Weekly	160
Bi-Weekly	319
2x per month	346
Monthly	691
Yearly	8,288

Does your child have health insurance?

If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify.

Your child may qualify if your household income is below:

Family size	Monthly income	Yearly income
2	\$3,950	\$47,410
3	\$4,977	\$59,730
4	\$6,004	\$72,050
5	\$7,030	\$84,370

Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit <http://mn.gov/dhs/people-we-serve/adults/health-care/>. These income limits are valid until June 30, 2021.

To get a MNsure application for health coverage and help paying costs (DHS-6696):

- Print one from <http://mn.gov/dhs/people-we-serve/adults/health-care/>
- Call 877-KIDS-NOW toll free
- Call

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သျှ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိၣ် တီလိၣ်စိတခါအံၤန့ၢ်,သံက့ၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໄປຮອດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງຖາມພະນັກງານກຳປັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service.

Adopted: October 9, 2017

Revised: _____

534. UNPAID MEAL CHARGES

I. PURPOSE

The purpose of this policy is to establish consistent district practices for the provision of meals to students who have insufficient funds in their school meal accounts and the collection of unpaid meal debt.

II. GENERAL STATEMENT OF POLICY

A. Blackduck Public School's goal is to provide nutritious meals to students to promote healthy eating habits and enhance learning as well as maintain the financial integrity of the National School Breakfast and Lunch program and eliminate stigmatization of children who are unable to pay meal charges.

B. It is the policy of Blackduck Public School to offer breakfast and lunch meals that meet state and federal guidelines.

C. Families may add money to their lunch accounts by making a cash or check payment to any of the Blackduck School Offices. Payment may also be made by credit card using the school's online payment system, LunchPrepay.com

D. Families may apply for free/reduced-price meal benefits anytime during the school year. Meal applications are distributed to all families in the district prior to the student's first day of classes. In addition, applications are available at all school district offices during normal business hours. If household income or size change, families can apply for meal benefits anytime during the school year.

III. CHARGE POLICY

A. If the student or family account has insufficient funds to pay for breakfast and/or lunch meals, students will still receive mainline meals and the District Office will contact the families for payment of these charges. Students with an overdrawn account are not allowed to charge ala carte items.

B. Students eligible for free or reduced-price meals will always be served a meal regardless of unpaid food service accounts. When a student eligible for PAID meals has "cash in hand" to pay for a meal, the student will be served a meal regardless of unpaid foodservice accounts. The "cash in hand" will not be applied towards past due balances.

IV. NOTIFICATION OF ACCOUNT STATUS

A. Families can check their student’s meal account balance on ParentVue/K-12 Payment Center. They may also contact the District Office for account balances. Households will be regularly apprised of student meal account balances by the school’s automated calling system, SchoolMessenger. Students will be given a verbal reminder of any negative balances in the meal service line.

B. The student/family will be notified by SchoolMessenger on Wednesdays and Sundays, when full pay accounts fall below \$20 and free/reduced accounts fall below \$10. A letter/invoice will be sent via US Post to the household requesting payment of the account. A second request for payment will be made by phone if parents have not responded to the first request. Notification methods may be different depending on individual circumstances.

C. The Food Service Department will encourage parents to complete the free/reduced meal application

V. COLLECTION OF UNPAID MEAL DEBT

When the student meal balance is in the negative the following collection actions will be taken:

1. The Administrative Secretary will contact the household to request payment. If no payment is received, a formal letter will be sent, by certified mail, notifying that the debt will be turned over to a collection agency.
2. The expectation is that all fees owed to the School District will be paid in full on the last day that the student is attending classes.

VI. COMMUNICATION POLICY

- A. This policy and any pertinent supporting information shall be provided in writing (i.e., mail, back-to-school packet, student handbook, etc) to:
1. all households at or before the start of school each year,
 2. students and families who transfer into the school district, at the time of enrollment; and
 3. all school district personnel who are responsible for enforcing this policy.
- B. The School District may post the policy on the school district’s website in addition to providing the required written notification described above.