



Sleepy Eye Public Schools

Independent School District #84
400 4th Avenue SW
Sleepy Eye, MN 56085
(507) 794-7903 or
High School (507) 794-7904
Fax (507) 794-5404

Blue Ribbon School 2015



John Cselovszki, Superintendent
Shane Laffen, High School Principal
John Cselovszki, Elementary Principal
Cory Haala, Activities Director
Amanda Boomgarden, Business Manager
Sarah Eckstein, Guidance Counselor

September 17, 2020

Dear Parents:

We have noticed that many of you have not submitted the free and reduced meal application. The application is critical for both the households, as well as, the school district. Based on the percent of eligible students for free and reduced meals the school receives compensatory funding and has a better chance to qualify for grant opportunities. Last year we lost \$60,000 in compensatory revenues because our free and reduced numbers declined. We are very concerned that last year's trend is continuing and we could continue to lose more compensatory funding.

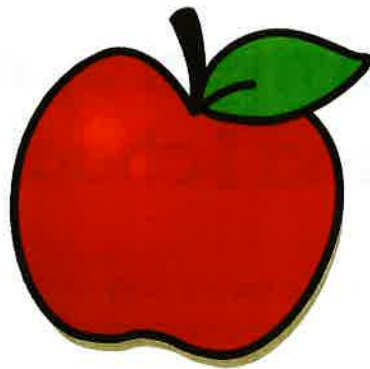
Please fill out the free and reduced application if you have not done so. I will send another form home with your child/ren. Please complete one (1) form for your family even if you receive more than one form. This form is still needed regardless of the Minnesota Department of Education's decision to provide free meals for all students. Your child/ren will continue to receive free meals through this government program, but the school will still need you to complete the Application for Educational Benefits (Free/Reduced Meals) Application. Return the forms to the Elementary, High School or District offices. If this can be completed in the next week, we'd truly appreciate your promptness with this request.

We appreciate your help with this very important issue.

Mr. John Cselovszki

Elementary Principal
Superintendent
Sleepy Eye School

** If you have been direct certified through SEPS or have already completed and returned the 2020-21 Application for Educational Benefits form, please disregard this request. If you are not sure if you completed the form already, please contact Pam Wendt, Superintendent Secretary at 507-794-7903, ext. 1126.



APPLY ONLINE FOR FREE MEALS!

You could save up to \$495.90/year per child!

Sleepy Eye Public Schools is offering a secure, easy, convenient way to apply for free/reduced meal benefits. Online applications can be made through the Infinite Campus Parent Portal.

How do I apply online?

1. Visit the district website at sleepyeyeschools.com.
2. Go to the Parent Info tab and click on **Infinite Campus Parent Portal**.
3. Log into your account.
4. Click the **More** button on the left menu, then click **Meal Benefits**.
5. Complete and submit the Meal Benefits Application

If you don't have a Campus Parent Portal Account:

1. Visit the district website at sleepyeyeschools.com
2. Go to the Parent Info tab and click on Campus Parent Portal Request Form
3. Submit the form, and you will be mailed your enrollment information

IMPORTANT! READ BOTH SIDES

2020-21 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: Pam Wendt, District Office

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." Children in Foster care are eligible for free meals. 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"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDIPIR? Medical assistance **does not** qualify. If **NO** > Go to STEP 3. If **YES** > Enter SNAP, MFIP or FDIPIR 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)	Gross Earnings from Working at Jobs				Are you Self-Employed or a Farmer?				Any Other Gross Income						
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.	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2	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"/>
	<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"/>	<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 _____

Street Address (if available) _____ Apt# _____ City _____ Zip _____

SIGN HERE: Signature of Household Adult _____ Date _____

OPTIONAL: Children's Racial and Ethnic Identities _____

Do Not Fill Out: For School Office Use	X52	X26	X24	X12	X1	Verified? Attach Tracker	Free After Verified	Reduced After Verified	Denied After Verified
Conversions to Annualize All Income:	<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"/>
All Total Income (Include child and adult income)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Official Signature:	Date: _____								
Confirming Official Signature:	Date: _____								



Dear Parent/Guardian:

July, 2020

Our school provides healthy meals each day. Breakfast is free, Elem. Lunch 2.75, Secondary 2.75

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 public schools, 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: Pam Wendt at the District Business Office, Sleepy Eye Public School, 400 4th AVE SW, Sleepy, MN 56085

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. Alternatively, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

To apply for free school meals, please complete the Application for Educational Benefits form.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance do not automatically qualify for free meals. Children may be eligible for free or reduced-price school meals depending on other household financial information. 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 income information or case number I give be checked? It may be. 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 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 507 794-7903 ext. 1126

Sincerely,

Foodservice Representative