

You can also apply easily online at [www.ahschools.us/freereduced](http://www.ahschools.us/freereduced)  
**2022 - 2023 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>

**STEP 2 — Assistance Programs — Medical assistance case numbers cannot be used on this application to qualify for meal program assistance.**

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 meal benefits, this information may also be provided to Minnesota Health Care programs to determine if you can participate.

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 style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.** List yourself and other non-Anoka-Hennepin students in your household 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 style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 \*\*\* - \*\* -     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 meal 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



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Notes for office use: \_\_\_\_\_