



1000 Fifth Avenue SE, Hutchinson, Minnesota 55350 320.234.6362 (office) 320.234.6300 (fax) www.newdiscoveries.org

Dear Parent or Guardian:

We are pleased to inform you that *New Discoveries Montessori Academy* will be implementing the Community Eligibility Provision (CEP) and will begin in School Year 2023-2024.

What does this mean for me and my students who attend the school(s) identified above? All students enrolled in a CEP school are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2023-2024 year.

Do I still need to complete an Application for Educational Benefits form? You may still need to complete this form. Our school is eligible to receive additional state and federal funds based on the number and/or percentage of students enrolled who reside in households that meet established federal income guidelines. We use the [Alternate] Application for Educational Benefits to collect household information. The application also helps our *school* qualify for education funds and discounts. If you receive an application, please help our *school* by completing and submitting the form to:

NDMA

1000 5th Ave SE

Hutchinson MN 55350

If you have any questions, or need help, call 320.234.6362

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:** Program.Intake@usda.gov

☐ This institution is an equal opportunity provider.

Providing a quality, comprehensive public education within a Montessori context

Instructions for Completing the Alternate Application for Educational Benefits

Complete the *Alternate Application for Educational Benefits* for school year 2023-24 if any of the following apply:

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

One or more children in the household are foster children (a welfare agency or court has legal responsibility for the child), or

Total household income (gross earnings, not take-home pay) is within these guidelines:

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

Children and Foster Status: List all children in the household in Section 1.

- Indicate that a child is in foster care by checking the box.
- Include any regular income, for example supplemental security income (SSI), to children other than foster children. Do not list occasional earnings like babysitting.

Case Number: Complete Section 2 if any household member currently participates in one of the programs listed in that section. If Section 2 is completed, skip Section 3 (adult names and incomes).

Adults/Household Incomes: List all adult household members, whether related or not, in Section 3. Include an adult who is temporarily away, such as a student away at college. Do not complete Section 3 if a case number was provided in Section 2, or if the application is for foster children only.

List each adult household member's gross incomes (not take-home pay) and how often each income is received. For example, "W" for Weekly.

- List gross incomes before deductions.
- If an income varies, list the amount usually received.
- For farm/self-employment income only, list net income after subtracting business expenses.
- Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits.
- Check the "No Income" column after a person's name if they have no income.

Do not include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

Signature: The form must be signed and dated by an adult household member in Section 5.

Alternate Application for Educational Benefits School Year 2023-24 State and Federally Funded Programs

Economic Status for MARSS Reporting: Community Eligibility Provision 2 and 3 No Meal Program

1. Names of all Children in Household including Foster Children. Attach additional page if necessary.

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Grade	School	Check if Foster Child	Any Regular Income to Child Example SSI
						\$ per
						\$ per

2. Benefits (if applicable)

If any household member receives benefits from a program listed below, write in the name of the person and case number, check the appropriate box, and skip Section 3.

Name: _____ Case Number: _____

Minnesota Family Investment Program (MFIIP) Supplemental Nutrition Assistance Program (SNAP) Food Distribution Program on Indian Reservations Medical Assistance and WIC do not qualify.

Child is the legal responsibility of a welfare agency or court. (If all children applied for are foster children, skip Sections 3 and 4.)

3. Names of all Adults in Household (all household members not listed in Section 1).

Include all adults living in your household, related or not. Attach an additional page if necessary.

Names of All Adult Household Members (First and Last)	
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.	

Gross Earnings from Working at Jobs	
Weekly	Report income before deductions or taxes in whole dollars (no cents).
Bi-weekly	
2x Month	
Monthly	

Are you Self-Employed or a Farmer?	
Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
Monthly	

Any Other Gross Income	
Weekly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
Bi-weekly	
2x Month	
Monthly	

Household Incomes: Write in each gross income and how often it is received: **weekly (W)**, **bi-weekly (BW)**, **every two weeks (ETW)**, **twice per month (TM)**, **monthly (M)**. Do **not** write in hourly pay. If income fluctuates, write in the amount normally received. Attach an additional page if necessary.

4. This information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. See page 3 for more information.

Do not share information with Minnesota Health Care Programs.

I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made so that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Adult Household Member (required): _____ Date: _____

Print Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ ZIP: _____

Office Use Only

Total Household Size: _____ Total Income: \$ _____ per _____

Approved (check all that apply): Case Number – Free Foster – Free Income – Free Income – Reduced-Price

Denied: Incomplete Income Too High Other: _____

Signature – Determining Official: _____ Date: _____

Change Status To: _____ Reason: _____ Withdrawn: _____

Office Use Only

Date Verification Sent: _____ Response Due: _____ Second Notice: _____

Result: Free to Reduced-Price Free to Paid Reduced-Price to Free Reduced-Price to Paid

Reason for Change: Income Case number not verified Foster not verified Refused Cooperation Other

Signature Verifying Official: _____ Date: _____

Signature Confirming Official: _____ Date: _____

Privacy Act Statement/How Information Is Used

We will use your information to determine if your child is eligible for free or reduced-price economic status for purposes of state reporting. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.