

School Ala-Carte Prices 2024-2025 School Year

\$ 4.95	Second Student Lunch w/milk
\$ 3.00	Second Entree
\$.50	Milk only
\$ 0.00	First Student Breakfast
\$ 0.00	First Student Lunch w/milk



Bloomington Public Schools
Food Services Department
952-681-6570

This institution is an equal opportunity employer.

2024-2025 School Year

Dear Parents/Guardians:

Bloomington Public Schools offers healthy meals each day. Starting school year 2024-25, we are continuing with the Minnesota's Free School Meals Program. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefit is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other meal programs.

We are asking every family to submit an Application for Educational Benefit (AEB) to qualify for free or reduced benefits, OR complete the Bloomington Public School opt out form, unless you receive a letter from Bloomington Schools Food Service stating your student is approved for free or reduced school benefits this school year.

Please complete the Meal application online at LINQConnect.com **OR** complete a paper application. If you do not qualify please choose to opt out of applying online or check the Opt Out box on top of the paper application and write your students' name/s and birthday, then sign and return the application, or complete the opt out form online at bit.ly/bps-opt-out. **Return completed application to:** ISD #271, ESC Food Services
1350 W 106th St, Bloomington MN 55431

En español

Si usted necesita la interpretación de esta información en español, favor de llamar al 952-681-6409. Deje un mensaje y una persona le devolverá la llamada a la brevedad posible.

Somali

Hadii aad u baahan tahay faahfaahin ku saabsan macluumaad ku kor ku qoran amaba aad qabtid wax su'aal ah fadlan soo wac 952-681-6410, hadii laga qaban waayo fadlan fariin dhaaf waana kugu soo celin doona. Mahadsanid

Frequently Asked Questions

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.

How will I know if I am eligible for benefits? You will receive a confirmation email or mailed letter from Bloomington Public Schools stating your student is approved free or reduced-price school benefits for the 2024-25 school year.

If I do not qualify now, may I apply later? Yes, complete an Application for Educational Benefits at any time when income goes down, household size goes up, or SNAP or MFIP benefits start.

Whom should I include as members of my household? Include yourself and all people living in your household, related or not (such as grandparents, other relatives, or friends). Do not include a person who is economically independent and pays their full-prorated share of expenses.

Does receiving WIC or Medical Assistance qualify for free eligibility? Medical Assistance may qualify you for either free or reduced-price school benefits depending on your income. If you qualify for educational benefits under Medical Assistance, you will receive a letter stating your eligibility from Bloomington Public Schools. If you have not received that letter, please complete an application.

What if my income is not always the same? List the amount you normally get. If you normally get overtime, include it, but not if you get it only sometimes. For seasonal work, write in the total annual income.

Is the information I provide private? Information provided on the form and approval for educational benefits will be protected as private data. For more information, see the back of the Application for Educational Benefits.

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2024-25 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, 2024 through June 30, 2025.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Add for each additional person	9,953	830	415	383	192

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.