

**Alternative Application for Education Benefits
School Year 2023-2024 and Federally Funded Programs**

Apply online at
<https://schoolcafe.com/HCPA>

Complete one application per household. Please use a pen (not a pencil).

STEP 1 — All HCPA students in the Household

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Grade (Optional)	Foster	Homeless	Migrant	Runaway
				MMDDYY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				MMDDYY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				MMDDYY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				MMDDYY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP, or FDPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number then skip to STEP 4.

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

Case Number:

Do not use Medical Assistance or EBT card numbers.

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How to Complete the Alternate Application for Educational Benefits** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly

	Child Income				How Often?				
	W	E	T	M	W	E	T	M	
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.									

B. List all household members not listed in Step 1 (including yourself and other non-HCPA students and children) even if they do not receive income. For each household member listed, report total gross income for each source in whole dollars only. If they do 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.

Household Member Name (First and Last)	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?					
		W	E	T	M		W	E	T	M		W	E	T	M		

STEP 4 — Contact Information and Adult Signature

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.

Printed name of adult signing the form:

Signature of household member completing the form:

Today's Date: MMDDYY

Street Address (if available):

City:

State:

ZIP Code:

Home Phone Number:

Work Phone Number:

Email:

I have checked this box if I do not want my information shared with Minnesota Health Care Programs as allowed by state law.



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STEP 1 — All HCPA students in the Household (Extra Fields)

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
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Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-programdiscrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
 - (2) fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov
- This institution is an equal opportunity provider.