Minnesota Department of Education

Food and Nutrition Service
School Nutrition Programs

RESIDENT INCOME POLICY

_____
(Name of Institution)

_____
Sponsor ID #

Children attending a residential childcare institution qualify for free school meals or milk (National School Lunch Program, School Breakfast Program, After-School Snack component or Special Milk Program – Free Milk Option) without documenting income information on each child if:

a. the institution has a policy that sets a maximum income that each resident may have (or allows no income); and
b. the maximum income set by the policy is within the income guidelines for free school meals for a household of one; and
c. the Minnesota Department of Education (MDE), Food and Nutrition Service (FNS) has reviewed the institution's income policy described on this form and determined that the policy meets School Nutrition Programs (SNP) requirements for documentation of eligibility for free school meals.

Describe your institution's "resident income policy" in the space below or attach a copy of your policy:

Once approved, this is your documentation that residents in your institution qualify for free school meals without further application. If your policy substantially changes, you are required to notify MDE FNS and submit a revised policy for approval.

- For each resident who attends a public school, you must send to the school a meal application completed for the resident as a "household of one" and signed by a representative of your institution. The school cannot provide free school meals for the student until it receives this documentation.
- If you have any day (nonresident) students, you must collect and approve individual meal applications for those students and meet requirements for annual verification of a percentage of applications.

Submit a *signed copy* of the completed form for approval.

E-mail to mde.fns@state.mn.us, fax to 651.582.8501, or mail to:

Minnesota Department of Education
Food and Nutrition Service – Applications Team
1500 Highway 36 West
Roseville MN 55113

For the Institution:

_____
Signature

_____
Name *(Please print)*

_____
Title

_____
Date

MDE FNS – Applications Team

_____
Name

_____
Date