

CyberVillage

A C A D E M Y

Inspiring, challenging, and preparing
students on campus & online



Dear Parent/Guardian:

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. These data are reported to the Minnesota Department of Education based on applications provided by each household. The *Alternate Application for Educational Benefits* and instructions on how to complete it are attached. A new application must be submitted each year. Your application also helps our school qualify for education funds and discounts.

Return your completed Alternate Application for Educational Benefits to CVA with your registration materials.

Automatic Eligibility: Households with children participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster children automatically meet the federal income guidelines and do not need to report household income. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income.

Households that include non-U.S. citizens may be eligible to generate additional revenue for our school and should complete the *Alternate Application for Educational Benefits*.

Household Members: Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). All children should be included on the form, regardless of age. Include a household member who is temporarily away, such as a college student.

Gross Income (pre-tax): List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

Information you provide on the form, and your child's income status will be protected as private data.

Verification: The information may be checked and we may also ask you to send written proof. If you have other questions or need help, call 651-523-7170 ext. 100 or email Vicky Carey, vcarey@cybervillageacademy.org.

Sincerely,

A handwritten signature in cursive script that reads "Nicole Rasmussen".

Nicole Rasmussen, Director

Alternative Form to Determine Eligibility for Federal Education Funding 2021-22

(School does not participate in the federal meal program)

Please Print

Parent/Guardian Name: _____ Street: _____ Apt/Suite: _____

City: _____ ZIP: _____ Phone: _____

School: CYBER VILLAGE ACADEMY

Household Members: Write the names of all household members. If you need more space, continue on the back of this form.

Name: _____ Grade: _____ Foster child? Yes No

Name: _____ Grade: _____ Foster child? Yes No

Name: _____ Grade: _____ Foster child? Yes No

Name: _____ Grade: _____ Foster child? Yes No

Total Household Income – Maximum

1. **Circle your household size** (all adults and children living with you) in the first column.
2. **Circle your gross maximum household income** (from the corresponding income column).

| Household Size | \$ Per Year | \$ Per Month | \$ Twice Per Month | \$ Per 2 Weeks | \$ Per Week | Our Income is More |
|---|-------------|--------------|--------------------|----------------|-------------|---------------------------|
| 1 | 23,828 | 1,986 | 993 | 917 | 459 | Yes |
| 2 | 32,227 | 2,686 | 1,343 | 1,240 | 620 | Yes |
| 3 | 40,626 | 3,386 | 1,693 | 1,563 | 782 | Yes |
| 4 | 49,025 | 4,086 | 2,043 | 1,886 | 943 | Yes |
| 5 | 57,424 | 4,786 | 2,393 | 2,209 | 1,105 | Yes |
| 6 | 65,823 | 5,486 | 2,743 | 2,532 | 1,266 | Yes |
| 7 | 74,222 | 6,186 | 3,093 | 2,855 | 1,428 | Yes |
| 8 | 81,621 | 6,886 | 3,443 | 3,178 | 1,589 | Yes |
| For each additional household member add: | 8,399 | 700 | 350 | 324 | 162 | |

3. Are you receiving assistance from:
 - a. Minnesota Family Investment Plan (MFIP) Yes No
 - b. Supplemental Nutrition Assistance Program (SNAP) Yes No

Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) _____

Verification: Federal program auditors may request documentation of this information at any time during the school year.

Parent/Guardian Signature: _____ Date: _____