



Pine Island Public Schools

223 1st Ave SE, PO Box 398, Pine Island MN 55963

Dr. Tammy Champa, Superintendent

Mitchel Schiltz, 9-12 Principal Josh Westphal, 5-8 Principal Dr. Cindy Hansen, PreK-4
Principal

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs to students in grades 1-12 is **\$2.10**, with no cost to students in Kindergarten. Lunch costs to students in grades K-4 is **\$2.85** and for students in grades 5-12 is **\$3.05**.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfasts at no charge.

Return your completed Application for Educational Benefits to:

Pine Island Schools #255

Attn: Shawn Elsbury

PO Box 398

Pine Island MN 55963

Who can get free school meals? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Alternatively, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

To apply for free school meals, please complete the Application for Educational Benefits form.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance do not automatically qualify for free meals. Children may be eligible for free or reduced-price school meals depending on other household financial information. Please fill out an application.

District Phone: 507-356-4849 / 5-12 School: 507-356-8326 / PreK-4 School: 507-356-8581

*Our mission: to provide a safe learning environment that challenges and prepares students
for the future*

Our vision: Innovative Opportunities for Lifelong Success



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Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

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 for free or reduced-price school meals.

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

Will the income information or case number I give be checked? It may be. We may also ask you to send written proof.

How will the information be kept? Information you provide on the form, and your child's approval for meal benefits, will be protected as private data. For more information see the back page of the Application for Educational Benefits.

If I don't qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call 507-356-4995.

Sincerely,

Shawn Elsbury
Business Office Supervisor

District Phone: 507-356-4849 / 5-12 School: 507-356-8326 / PreK-4 School: 507-356-8581

Our mission: to provide a safe learning environment that challenges and prepares students for the future

Our vision: Innovative Opportunities for Lifelong Success

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2020-21 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, 2020 through June 30, 2021.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Add for each additional person	8,288	691	346	319	160

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.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.



2020-21 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: School/District Information

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance does not qualify. If NO > Go to STEP 3.
 If YES > Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-____ Or Check if Adult has No SSN: Total Number of All Household Members (Children + Adults)

B. Child Income. Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs				Are you Self-Employed or a Farmer?				Any Other Gross Income					
	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Monthly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	2x Month	Bi-Weekly	Monthly	Free After Verified	Reduced After Verified	Denied After Verified
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

Printed name of adult signing form _____ Daytime Phone _____

Street Address (if available) _____ Apt# _____ City _____ Zip _____

SIGN HERE: Signature of Household Adult _____ Date _____

Determining Official Signature: _____ Date: _____

Confirming Official Signature: _____ Date: _____

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Step Two: Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security <ul style="list-style-type: none"> a. Disability Payments b. Survivor's Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Cash Assistance from State or local government Supplemental Security Income: <ul style="list-style-type: none"> Unemployment benefits Worker's compensation Allimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Rental income Regular cash payments from outside household

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.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Nondiscrimination statement: 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, you have two options: 1. Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at Filing a Program Discrimination Complaint as a USDA Customer, http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office; or, 2. Write a letter addressed to USDA, 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 one of the following methods:

- (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.



**DEPARTMENT
OF EDUCATION**

School Nutrition Programs Household Income Guidelines Effective July 1, 2020 – June 30, 2021

Household Size of One (1)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 319	320-454	455 or more
Bi-Weekly	0 – 638	639-908	909+
2x per month	0 – 692	693-984	985+
Monthly	0 – 1,383	1,384-1,968	1,969+
Yearly	0 – 16,588	16,589-23,606	23,607+

Household Size of Two (2)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 431	432-614	615 or more
Bi-Weekly	0 – 862	863-1,227	1,228+
2x per month	0 – 934	935-1,329	1,330+
Monthly	0 – 1,868	1,869-2,658	2,659+
Yearly	0 – 22,412	22,413-31,894	31,895+

Household Size of Three (3)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 543	544-773	774 or more
Bi-Weekly	0 – 1,086	1,087-1,546	1,547+
2x per month	0 – 1,177	1,178-1,675	1,676+
Monthly	0 – 2,353	2,354-3,349	3,350+
Yearly	0 – 28,236	28,237-40,182	40,183+

Household Size of Four (4)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 655	656-933	934 or more
Bi-Weekly	0 – 1,310	1,311-1,865	1,866+
2x per month	0 – 1,420	1,421-2,020	2,021+
Monthly	0 – 2,839	2,840-4,040	4,041+
Yearly	0 – 34,060	34,061-48,470	48,471+

Household Size of Five (5)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 767	768-1,092	1,093 or more
Bi-Weekly	0 – 1,534	1,535-2,183	2,184+
2x per month	0 – 1,662	1,663-2,365	2,366+
Monthly	0 – 3,324	3,325-4,730	4,731+
Yearly	0 – 39,884	39,885-56,758	56,759+

Household Size of Six (6)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 879	880-1,251	1,252 or more
Bi-Weekly	0 – 1,758	1,759-2,502	2,503+
2x per month	0 – 1,905	1,906-2,711	2,712+
Monthly	0 – 3,809	3,810-5,421	5,422+
Yearly	0 – 45,708	45,709-65,046	65,047+

Household Size of Seven (7)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 991	992-1,411	1,412 or more
Bi-Weekly	0 – 1,982	1,983-2,821	2,822+
2x per month	0 – 2,148	2,149-3,056	3,057+
Monthly	0 – 4,295	4,296-6,112	6,113+
Yearly	0 – 51,532	51,533-73,334	73,335+

Household Size of Eight (8)

Frequency of Income	Free Meals \$	Reduced Price Meals \$	Paid Meals \$
Weekly	0 – 1,103	1,104-1,570	1,571 or more
Bi-Weekly	0 – 2,206	2,207-3,140	3,141+
2x per month	0 – 2,390	2,391-3,401	3,402+
Monthly	0 – 4,780	4,781-6,802	6,803+
Yearly	0 – 57,356	57,357-81,622	81,623+

Free Meals for a Household of 9 or Larger

Household income must be within the amount shown above (household of 8), plus the amount shown below for each additional household member.

Frequency	Amount
Weekly	112
Bi-Weekly	224
2x per month	243
Monthly	486
Yearly	5,824

Reduced-Price Meals for a Household of 9 or Larger

Household income must be within the amount shown above (household of 8), plus the amount shown below for each additional household member.

Frequency	Amount
Weekly	160
Bi-Weekly	319
2x per month	346
Monthly	691
Yearly	8,288

WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

Dear Parent/Guardian:

Date: JULY 2020

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form **will** not change whether your children get free or reduced-price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **PI Technology Department**
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **PI Activities Director**
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **(list others to share with)**

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Shawn Elsbury** at **507-356-4995** or email at **shawn.elsbury@pineisland.k12.mn.us**

Return this form to: **Pine Island Schools #255, Attn: Shawn Elsbury, PO Box 398, Pine Island MN 55963**

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) 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.

Does your child have health insurance?

If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify.

Your child may qualify if your household income is below:

Family size	Monthly income	Yearly income
2	\$3,950	\$47,410
3	\$4,977	\$59,730
4	\$6,004	\$72,050
5	\$7,030	\$84,370

Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit <http://mn.gov/dhs/people-we-serve/adults/health-care/>. These income limits are valid until June 30, 2021.

To get a MNsure application for health coverage and help paying costs (DHS-6696):

- Print one from <http://mn.gov/dhs/people-we-serve/adults/health-care/>
- Call 877-KIDS-NOW toll free
- Call

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားပေးခြင်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟံသုင်ဟံသးတၢ်တက့ၢ်, ဝဲန့ၢ်လိၣ်တၢ်တၢ်မၤတၢ်လၢတၢ်ကၤတၢ်ဆဲးဝဲဒၣ်လၢတၢ်တၢ်ခိၣ်တၢ်ခါအံၤန့ၣ်,သံက့ၢ်တၢ်ပုၤဂ့ၢ်ဒိအပူၤမၤတၢ်လၢန့ၢ်မ့ၢ်တၢ်မ့ၢ်တၢ်ဒၣ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하십시오. 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf biibili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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