



## The Dish Program at MSC Southeast WINONA CAMPUS APPLICATION

### Student Benefits

Students enrolled in The Dish program at are eligible to receive additional services while attending MSC Southeast

- Dedicated advisor to help navigate college
- Transportation assistance
- Emergency assistance
- Career Assistance

### SNAP Facts

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to eligible individuals and families.

The goal of the program is to alleviate hunger and malnutrition by increasing food purchasing power for all eligible households.

It supplements food budgets, enabling Minnesotans to buy more nutritious foods.

For a single individual benefits can be as much as \$194 per month.

### Already Enrolled in SNAP

Many students who are currently receiving SNAP benefits can enroll in The Dish at MSC Southeast to access the additional resources listed above.

#### Turn completed applications into:

**Kate Parsi | Academic Success Coordinator | [kate.parsi@southeastmn.edu](mailto:kate.parsi@southeastmn.edu) | 507-453-1511**  
***The Roost, Room 127F***

Winona County Contact for more information on SNAP benefits: Naomi Morris | [nmorris@co.winona.mn.us](mailto:nmorris@co.winona.mn.us) | 507-457-6500

## SNAP Eligibility

### Income and Assets

SNAP eligibility depends on your household's income. Most types of income are counted. There are many deductions from income that are allowed under SNAP. A county worker can give you more information on income limits and deductions.

### Monthly Income Guidelines for SNAP

Number of people income before taxes:

- 1 - \$1755
- 2 - \$2,371
- 3 - \$2,987
- 4 - \$3,603
- 5 - \$4,219
- 6 - \$4,835
- 7 - \$5,451
- 8 - \$6,067

(For each additional family member above 8 add \$616)

Note: Income guidelines are updated each year. These guidelines are for October 1, 2020 – September 30, 2021.

### Benefits

The amount of benefits you get is based on your income, expenses and the number of people in your household. If approved for the program, you will get an Electronic Benefit Transfer (EBT) card. It is like a debit card. Each month, your benefits will be credited to your EBT account.

During this month you use your card to purchase food at stores that display a poster or sign that read: WE ACCEPT EBT. Grocery stores and convenience stores must sell a variety of foods to be approved to accept EBT. The card also may be used at authorized sites for Meals on Wheels and congregate dining. Many farmer's markets also accept EBT.

Apply for SNAP online at: [www.applymn.dhs.mn.gov](http://www.applymn.dhs.mn.gov)



## The Dish Pre-Enrollment Form

**Name:**

**Phone:**

**Date:**

**Address:**

**City/state/Zip:**

**County:**

**Date of Birth:**

**Gender:**  Male  Female  Did not self-identify

**Ethnicity:** (check one)

Did not self-identify  Person is Hispanic or Latino  Person is not Hispanic or Latino

**Race:** (choose one or more)

American Indian or Alaska native  Asian  Black or African American  
 Hawaiian Native/Pacific Islander  White  Did not self-identify

**Limited English Proficiency:**  YES  NO

**Citizen/Right to Work** (check one):  Citizen  No  Right to Work

**Labor Force Status:** (check one)

Employed full-time (30+ hours/week)  Employed part-time (Less than 30 hours/week)  
 Employed, received termination notice/military separation)  Not Employed, was not self-employed  
 Not Employed, was self-employed, farm  Not in Labor Force  
 Not employed, was self-employed, non-farm employed

**Unemployment Insurance Benefits Status:** (check one)

Exempt from Work Search  Exhaustee  Neither claimant nor exhaustee  
 Claimant not referred by RESEA or WPRS  Claimant referred by RESEA  Claimant referred by WPRS

**Number of weeks unemployed in last 52?** \_\_\_\_\_

**Veteran Status:** (check one)

Did not self-identify  Not a veteran  Spouse or family caregiver of veteran  
 Transitioning service member  Veteran  Veteran <180 days of active services

**Education: Highest level of education** (check one)

No education grads completed  8<sup>th</sup> grade education  1 Year College/Tech/Vocational  
 1<sup>st</sup> grade education  9<sup>th</sup> grade education  2 Years College/Tech/Vocational  
 2<sup>nd</sup> grade education  10<sup>th</sup> grade education  Associate's Diploma/Degree

Continued...

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 3 <sup>rd</sup> grade education | <input type="checkbox"/> 11 <sup>th</sup> grade education             | <input type="checkbox"/> Other Post-Sec Degree/Certification |
| <input type="checkbox"/> 4 <sup>th</sup> grade education | <input type="checkbox"/> 12 <sup>th</sup> grade completed, no diploma | <input type="checkbox"/> Post-Sec cert/license (Non-Degree)  |
| <input type="checkbox"/> 5 <sup>th</sup> grade education | <input type="checkbox"/> Certificate of Attendance/Completion         | <input type="checkbox"/> 3 Years College/Tech/Voca School    |
| <input type="checkbox"/> 6 <sup>th</sup> grade education | <input type="checkbox"/> High School Diploma                          | <input type="checkbox"/> Bachelor's Degree or Equivalent     |
| <input type="checkbox"/> 7 <sup>th</sup> grade education | <input type="checkbox"/> GED  | <input type="checkbox"/> Beyond the Bachelor's Degree        |

**Pre-Enrollment Education Status:** (check one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not Attending: HS dropout  | <input type="checkbox"/> Not Attending: HS graduate | <input type="checkbox"/> Student, alternative School |
| <input type="checkbox"/> Student, attending Post-HS | <input type="checkbox"/> Student, HS or Less        |  |

**English reading skills grade level:**

**Math skills grade level:**

**Family Status:** (check one)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Not a family member         | <input type="checkbox"/> Other family member | <input type="checkbox"/> Parent in one-parent family |
| <input type="checkbox"/> Parent in one-parent family |  |  |

**Family Size:**

**Number of household members under 18:**

**Other program participation:** (check all that apply)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> TANF/MFIP Recipient | <input type="checkbox"/> SNAP Recipient | <input type="checkbox"/> GA recipient |
|--|---|---------------------------------------|

**Disability Status:** (check one)

- |  |                                       |   |   |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Did not self-identify | <input type="checkbox"/> Not disabled | <input type="checkbox"/> Disability is employment barrier | <input type="checkbox"/> Disability is NOT employment barrier |
|--|---------------------------------------|---|---|

**Other information:** (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Currently homeless | <input type="checkbox"/> Have a criminal record | <input type="checkbox"/> Recovering chemically dependent |
|---|---|--|

**To be completed by MSCS:**

SNAP eligible verified in MAXIS	YES	NO	Date
ABAWD	YES	NO	Date
MFIB	YES	NO	Date
SNAP 50/50 eligible	YES	NO	Date
Entered in WorkForce One	YES	NO	Date

MSCS Signature: \_\_\_\_\_

Date: \_\_\_\_\_