School the Child Attends or

NA if not in school

**2015-2016 Application for Free and Reduced Price School Meals**

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

In Community Eligibility Schools, receipt of free breakfast and lunch meals does not depend on returning this application. However, this information is necessary for other program funding requirements

**STEP 2**

**Report Income for ALL Household Members** (Skip this step if you answered ‘Yes’ to STEP 2)

“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.”

Apt #

Daytime Phone and Email (optional)

Apply online at: [(insert](http://www.abcdefgh.edu) link if have an online application or delete if not applicable)

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In Community Eligibility Schools, receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.



(If more spaces are required for additional names, attach another sheet of paper.

Definition of **Household Member**: “Anyone who is living with you and shares income and expenses, even if not related.”

.

**STEP 1**

**List ALL infants, children, and students up to and including grade 12 who are Household Members**

**Child’s Last Name**

**Child’s First Name**

**MI**

Foster Child

Head Start

Homeless, Migrant, Runaway

Check all that apply

Special Situations

Seasonal Workers, Annual contract paid over a shorter period of time (school employees), fluctuating income. Annualize income and report here.

**If you answered YES** > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

☐

**H. Last Four Digits of Social Security Number (SSN) of   
 Primary Wage Earner or Other Adult Household Member**

**G. Total Household Members   
 (Children and Adults)**

**F.**

**$**

**E.**

**C.**

**D.**

Yes / No

**$\_\_\_\_\_\_\_\_\_\_\_\_\_**

Public Assistance/  
Child Support/ Alimony/SSI/VA Benefits

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write ‘0’. If you enter ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report.

**A. Child Income**

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children and students up to and including grade 12 of all Household Members listed in STEP 1 here.

Weekly Bi-Weekly 2x Month Monthly

How often?

Child income

**STEP 3**

How often?

How often?

How often?

**$\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_

**$\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_

Pensions/Retirement/  
Social Security, Other Income

Weekly Bi-Weekly 2x Month Monthly

Earnings from Work Weekly Bi-Weekly 2x Month Monthly

Weekly Bi-Weekly 2x Month Monthly

**Check if no SSN**

**X X**

**X X X**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

Name of Adult Household Members (First and Last)

Note: Do not include BadgerCare in Step 2

**Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR?**

Write only one case number in this space.

**Program Name:**

**Case Number:**

**If you answered NO** > Complete STEP 3.

Today’s date

Signature of adult completing the form

**Contact information and adult signature**

Printed name of adult completing the form

Street Address (if available)

**STEP 4**

Zip

State

City

**OPTIONAL**

**Children's Racial and Ethnic Identities**

|  |  |
| --- | --- |
| **Do NOt fill out this part. This is for school use only.** |  |
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12  Total Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: \_\_\_\_\_\_\_\_  Categorical Eligibility: \_\_\_\_\_\_\_\_\_ Income Eligibility: Free\_\_\_ Reduced\_\_\_ Denied\_\_\_  Date Withdrawn: \_\_\_\_\_\_\_\_\_\_\_ Reason for denial or withdrawl: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Determining Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirming Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Verifying Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Are all students on this application  from a CEP school?**  **Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**  If yes, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review. |

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐

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

☐ ☐

Black or African American

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

☐

White

**Ethnicity (check one):**

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.

in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](http://program.intake@usda.gov/).

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

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.

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Asian

☐