

# Complete Application: FoodShare, W-2 Cash Benefits, or FDPIR Household Application for Free and Reduced Price School Meals

**APPLY ONLINE:** SAMPLE  
**RETURN TO (School/District Name):** SAMPLE  
**ADDRESS:** SAMPLE

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application; however, this information is necessary for other programs.

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

| Child's First Name | MI | Child's Last Name | Grade |
|--------------------|----|-------------------|-------|
|                    |    |                   |       |
|                    |    |                   |       |
|                    |    |                   |       |
|                    |    |                   |       |

**STEP 2** Do any household members (including you) participate in: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR? Badgercare, Medicaid, Pandemic-EBT are not eligible.

NO → Go to STEP 3.

YES → Write case number here and proceed to STEP 4.

**PROGRAM NAME:**

**CASE NUMBER (NOT EBT NUMBER):**

Badgercare, Medicaid, Pandemic-EBT are not eligible.

Write only one case number in this space.

**STEP 4** Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here **SAMPLE**

"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 (confirm) 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."

|   |                                     |   |     |                     |                  |
|---|-------------------------------------|---|-----|---------------------|------------------|
| SAMPLE                                      | SAMPLE                              | Digitally signed by SAMPLE<br>Date: 2023.07.13 14:22:26 -05'00' |     |                     |                  |
| <b>Print Name of Adult Signing the Form</b> | <b>Required: Signature of Adult</b> |   |     | <b>Today's Date</b> |                  |
| SAMPLE                                      | SAMPLE                              | WI  |     | 1234567891          | SAMPLE           |
| Mailing Address (if available)              | City                                | State   | Zip | Phone (optional)    | Email (optional) |

**Return completed form to your child's school.**

**Complete Application: Foster**

**Household Application for Free and Reduced Price School Meals**

**APPLY ONLINE: SAMPLE**

**RETURN TO (School/District Name): SAMPLE**

**ADDRESS: SAMPLE**

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application; however, this information is necessary for other programs.

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

| Child's First Name | MI | Child's Last Name | Grade | Foster Child                        | Migrant                  | Runaway                  | Homeless                 |
|--------------------|----|-------------------|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                    |    |                   |       | <input checked="" 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"/> |

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2** Do any household members (including you) participate in: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR? Badgercare, Medicaid, Pandemic-EBT are not eligible.

NO → Go to STEP 3.     YES → Write case number here and proceed to STEP 4.

**PROGRAM NAME:** \_\_\_\_\_ **CASE NUMBER (NOT EBT NUMBER):** \_\_\_\_\_

Badgercare, Medicaid, Pandemic-EBT are not eligible. Write only one case number in this space.

**STEP 3** List ALL household members and income for each member (before taxes and deductions)

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) 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.

| Name of Adult Household Members (First and Last)  | Earnings from Work | How often received?   |                       |                       |                       |                       | Public Assistance, Child Support, Alimony | How often received?   |                       |                       |                       | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other | How often received?   |                       |                       |                       |
|---|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
|   |                    | Weekly                | Every 2 Weeks         | 2x Month              | Monthly               | Annual                |   | Weekly                | Every 2 Weeks         | 2x Month              | Monthly               |  | Weekly                | Every 2 Weeks         | 2x Month              | Monthly               |
| On a foster application, in addition to the 'foster child' box being checked, a household may list assistance program case numbers or other household members and all incomes. The application would then be determined as the foster child getting benefits based on assistance or income determination. Be sure to include the foster child in the total household member box on the application. | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Required:** Total Household Members (Children and Adults)

**Required:** Last Four Numbers of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member or Check Box if No SSN

Check Box if No Social Security Number

**Please see application's back for list of income sources.**

**B. Child Income**

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

How often received?  Weekly  Every 2 Weeks  2x Month  Monthly  Annual

**STEP 4** Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here **SAMPLE**

"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 (confirm) 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."

|   |                                     |   |     |                  |
|---|-------------------------------------|---|-----|------------------|
| SAMPLE                                      | SAMPLE                              | Digitally signed by SAMPLE<br>Date: 2023.07.13 14:22:26 -05'00' |     |                  |
| <b>Print Name of Adult Signing the Form</b> | <b>Required: Signature of Adult</b> | <b>Today's Date</b>   |     |                  |
| SAMPLE                                      | SAMPLE                              | WI  |     | 1234567891       |
| Mailing Address (if available)              | City                                | State   | Zip | Phone (optional) |
|   |                                     |   |     | Email (optional) |

**Return completed form to your child's school.**

**APPLY ONLINE:** SAMPLE

**RETURN TO (School/District Name):** SAMPLE

**ADDRESS:** SAMPLE

# Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application, however, this information is necessary for other programs.

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

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|--------------------|----|-------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|                    |    |                   |       | <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"/> |

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.



**STEP 4** Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here **SAMPLE**

"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 (confirm) 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."

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|--------------------------------------|--------|---|-----|------------------|
| SAMPLE                               | SAMPLE | Digitally signed by SAMPLE<br>Date: 2023.07.13 14:22:26 -05'00' |     |                  |
| Print Name of Adult Signing the Form |        | Required: Signature of Adult                                    |     | Today's Date     |
| SAMPLE                               | SAMPLE | WI  |     | 1234567891       |
| Mailing Address (if available)       | City   | State   | Zip | Phone (optional) |
|                                      |        |   |     | Email (optional) |

**Return completed form to your child's school.**

# Complete Application: Income Eligible

## Household Application for Free and Reduced Price School Meals

APPLY ONLINE: SAMPLE

RETURN TO (School/District Name): SAMPLE

ADDRESS: SAMPLE

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| Child's First Name | MI | Child's Last Name | Grade |
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|                    |    |                   |       |
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|                    |    |                   |       |
|                    |    |                   |       |

**STEP 3** List ALL household members and income for each member (before taxes and deductions)

### A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

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| Name of Adult Household Members (First and Last) | Earnings from Work | How often received? |               |          |         |        | Public Assistance, Child Support, Alimony | How often received? |               |          |         | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other | How often received? |               |          |         |    |  |  |  |  |
|--|--------------------|---------------------|---------------|----------|---------|--------|---|---------------------|---------------|----------|---------|--|---------------------|---------------|----------|---------|----|--|--|--|--|
|  |                    | Weekly              | Every 2 Weeks | 2x Month | Monthly | Annual |   | Weekly              | Every 2 Weeks | 2x Month | Monthly |  | Weekly              | Every 2 Weeks | 2x Month | Monthly |    |  |  |  |  |
|  | \$                 |                     |               |          |         |        | \$  |                     |               |          |         | \$   |                     |               |          |         | \$ |  |  |  |  |
|  | \$                 |                     |               |          |         |        | \$  |                     |               |          |         | \$   |                     |               |          |         | \$ |  |  |  |  |
|  | \$                 |                     |               |          |         |        | \$  |                     |               |          |         | \$   |                     |               |          |         | \$ |  |  |  |  |
|  | \$                 |                     |               |          |         |        | \$  |                     |               |          |         | \$   |                     |               |          |         | \$ |  |  |  |  |
|  | \$                 |                     |               |          |         |        | \$  |                     |               |          |         | \$   |                     |               |          |         | \$ |  |  |  |  |

Required: Total Household Members (Children and Adults)

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Check Box if No Social Security Number

Please see application's back for list of income sources.

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Child Income \$

How often received?

Weekly  Every 2 Weeks  2x Month  Monthly  Annual

**STEP 4** Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here SAMPLE

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|                                      |                              |   |     |                  |
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| SAMPLE                               | SAMPLE                       | Digitally signed by SAMPLE<br>Date: 2023.07.13 14:22:26 -05'00' |     |                  |
| Print Name of Adult Signing the Form | Required: Signature of Adult | Today's Date  |     |                  |
| SAMPLE                               | SAMPLE                       | WI  |     | 1234567891       |
| Mailing Address (if available)       | City                         | State   | Zip | Phone (optional) |
|                                      |                              |   |     | Email (optional) |

Return completed form to your child's school.