2015-2016 Application for Free and Reduced Price School Meals

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

Apply online at: (insert link if have an online application or delete if not applicable)

STEP 1 — **List ALL infants, children, and students up to and including grade 12 who are Household Members**

(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."

Child's First Name	MI	Child's Last Name	School the Child Attends or NA if not in school	Foster Child	Homeless, Migrant, Runaway	Head Start
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

Check all that apply

STEP 2 — **Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR?**   Yes / No

If you answered NO > Complete STEP 3. **If you answered YES** > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: _____
Write only one case number in this space.

Program Name: _____
Note: Do not include BadgerCare in Step 2

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

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.

Child income $ _____   How often? ○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly

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.

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

Name of Adult Household Members (First and Last)	C. Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefits	How often? Weekly	Bi-Weekly	2x Month	Monthly	E. Pensions/Retirement/ Social Security, Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly	F.
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$_____
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$_____
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$_____
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$_____
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$_____

G. Total Household Members (Children and Adults) _____

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member   X X X X X | ____   Check if no SSN ☐

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."

Street Address (if available) _____   Apt # ____   City ____   State ____   Zip ____   Daytime Phone and Email (optional) ____

Printed name of adult completing the form ____   Signature of adult completing the form ____   Today's date ____

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.

Ethnicity (check one):

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check one or more):

☐ White

☐ Asian

☐ American Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

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.

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) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and 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.

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 withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____