

INSTRUCTIONS FOR APPLYING

If anyone in your household receives benefits from **FoodShare, W-2 Cash Benefits, or the Food Distribution Program on Indian Reservations (FDPIR)**, follow these instructions.

Part 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends.

Part 2: List the case number and the name of the household member (adult or child) who receives FoodShare, W-2 Cash Benefits, or FDPIR benefits and which program the benefits are from.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of your Social Security Number are not necessary.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If no one in your household gets FoodShare, W-2 Cash Benefits, or FDPIR benefits and if any child in your household is **homeless, a migrant, or runaway, or enrolled in a Head Start Program**, follow these instructions.

Part 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. If any child you are applying for is homeless, migrant, runaway, or enrolled in a Head Start Program, check the appropriate box and call **Michelle Ferris, Homeless Liaison (262) 238-8501**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households below.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If **all** of the children in the household are foster children, follow these instructions. You do **not** need to fill out a separate application for each foster child in your household.

Part 1: If **all** children in the household are foster children, list all foster children and the name of the school each child attends. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If **some** of the children in the household are foster children, follow these instructions.

Part 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, or runaway, or enrolled in a Head Start Program, check the appropriate box and if you have questions, call **Michelle Ferris, Homeless Liaison (262) 238-8501**.

Part 2: Skip this part

Part 3: Complete only if a child in your household isn't eligible under Part 1. **See instructions under Part 3 for All Other Households below.**

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. If any child you are applying for is homeless, migrant, or runaway, or enrolled in a Head Start Program, check the appropriate box and if you have questions, call your school.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from **this month or last month**.

- **Section 1–Name:** List all household members who have income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** List the income for each household member listed in Part 1. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income received weekly, every other week, twice a month, monthly, quarterly, or annually. Do not include income from FoodShare, FDPIR, WIC, Federal education benefits and foster payments received by your family from the placing agency. For the self-employed **ONLY:** under Earnings from Work, report income after expenses. This is for your business, farm, or rental property.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

Turn the form in to your school.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS						
Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Place a check in the box below if the child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, migrant, runaway, or Head Start child, skip to part 4 to sign this form.				Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start

PART 2. BENEFITS	
<p>if <u>any</u> member of your household receives FoodShare, FDPIR, or W-2 Cash Benefits, provide the name of the household member, the program name, and case number (not a Quest Card number) for the person who receives benefits and skip to part 4. If no one receives these benefits, go to Part 3.</p>	
NAME: _____	PROGRAM NAME: _____
CASE NUMBER: _____	

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information.

1. NAME (List only household members with income)		2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
		Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
	<i>(Example) Jane Smith</i>	\$200	X			\$150		X			\$0					\$50 quarterly	
		\$				\$					\$					\$	
		\$				\$					\$					\$	
		\$				\$					\$					\$	
		\$				\$					\$					\$	
		\$				\$					\$					\$	
		\$				\$					\$					\$	

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility information may be shared as allowed by law.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____ Cell Phone Number: _____

Last four digits of Social Security Number : * * * - * - * - * _____ I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino Asian American Indian or Alaska Native Black or African American
- Not Hispanic/Latino White Native Hawaiian or other Pacific Islander

Choose one or more (regardless of ethnicity):

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: _____

Categorically Eligible: _____ 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: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

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 FoodShare, W-2 Cash Benefits 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.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or 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.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	\$7,511	\$626	\$145

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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 program, 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 **school officials for fee waivers**.

If you checked yes the box 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 program 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 **Cindy Leinfelder** at (262) 238-8506 or e-mail at **cleinfelder@mtsd.k12.wi.us**.

Return this form to: **5000 W. Mequon Rd., Mequon, WI 53092.**