

2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

The WAWM School District is obligated to offer this application to all families. You are not required to complete this application if you choose not to participate, if you feel your income is too high to qualify or if you have been **Pre-Certified** and have received a letter from our District indicating your students are already approved for free meals for the 2011-12 school year.

PART 1. BENEFITS

If **any** member of your household receives **FoodShare, FDPIR or W-2 Cash Benefits**, provide the name and **case number** (not Quest or Social Security Number) for the person who receives benefits, complete **Part 3, (Skip Part 4)**, then complete **Part 5**.

NAME _____ CASE NUMBER _____

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box complete **Part 3** for our records Only and call **your school homeless liaison migrant coordinator at (414-604-3119)**

HOMELESS MIGRANT RUNAWAY

PART 3 – ALL HOUSEHOLD MEMBERS

<u>*Required for our records</u>				
List Names of ALL people living in your Household (First, Middle Initial, Last Name)	List School Name for WAWM School District students only.	Grade	Check Below if Foster Child then skip to Part 5	Check Below If No Income
(Example) Jane Smith				

PART 4 - HOUSEHOLD INCOME

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 1, you do **not** need to provide income information.

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	Monthly	Quarterly	Annually
\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50	<input type="checkbox"/>	<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"/>	<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"/>
\$	<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"/>	<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"/>	<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"/>

PART 5 – SIGNATURE OF AN ADULT AND HOUSEHOLD INFORMATION

An adult household member must sign the application. If **Part 4 is completed**, the adult signing the form also must list the last four digits of his or her Social Security Number or write "none" if you do not have a Social Security Number. (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.

Sign Here _____ Print Name _____ Date _____ Phone Number _____

Address _____ City _____ State _____ Zip _____ Cell Phone Number _____

Last four digits of Social Security Number (write in "None" if you do not have a Social Security Number): * * * - * * - _____

PART 6 – CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:	Choose one or more (all that apply) regardless of ethnicity.
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander

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

Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$66,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating based on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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.

Part 1: BENEFITS – If anyone in your household (adult or child) receives benefits from FOODSHARE, W-2 Cash Benefits, or the Food Distribution Program on Indian Reservations (FDPIR), List the case number in Part 1 then follow these instructions:

Part 3: Complete Part 3 by listing all household members' names, school and grade, if they attend in the WAWM School District.

Part 5: Sign the form. You do **not** need to provide the last four digits of your Social Security Number.

Part 2: HOMELESS, MIGRANT, RUNAWAY STATUS - IF YOU ARE APPLYING FOR A CHILD WHO IS HOMELESS, A MIGRANT OR RUNAWAY, check the appropriate box in Part 2 and call your school homeless liaison migrant coordinator at (414-604-3119) then follow these instructions:

Part 3: Complete Part 3 by listing all household members' names, school and grade, if they attend in the WAWM School District.

Part 5: Sign the form. You do **not** need to provide the last four digits of your Social Security Number...

Part 3: All Household Members (**a household member is any child or adult living with you**): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. **If all children in the household are marked as foster children in Part 3: Skip to Part 5** Sign the form. You do **not** need to provide the last four digits of your Social Security Number. For all other households, including WIC households with both foster and non-foster children, follow instructions for Part 4 and Part 5. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

Part 4: Gross Income and How Often It Was Received: List the income for each household member that receives income. 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, 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.
- If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: An adult household member must sign the form and list the last four digits of their Social Security Number (or write "none" if s/he doesn't have one). Writing "none" does **not** prevent your child(ren) from qualifying to receive free or reduced priced meals.

Part 6: This question is optional. You can choose whether or not to provide ethnic and racial data.