2018-2019 Household Application for Free and Reduced Price School Meals

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

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G. Total Household Membe and Adults)—REQUIRED		Social Security Number (SSN) of Primary ult Household Member—REQUIRED or Check box if	x x x	Check box, if no SSN $\hfill\Box$
STEP 4 Contact informatischool.	tion and adult signature Return completed form	to your 300 W. Wisconsin St., Rosendale	, WI 54974	
	n on this application is true and that all income is reported. I underst nformation, my children may lose meal benefits, and I may be prose	tand that this information is given in connection with the receipt of Fed cuted under applicable State and Federal laws."	deral funds, and that school officials m	ay verify (check) the information. I
Street Address (if available)	Apt # City	State Zip	Daytime Phone and Email (optional)
Printed Name OR Signature of Adult	Completing this application—REQUIRED		Today's Date Mo./Day/Yr.	
INSTRUCTIONS Source	e of Income			
		Earnings from Work	Public Assistance / Alimony /	Pensions / Retirement /
Sources	of Income for Children	Lumings nom work	Child Support	All Other Income
Sources of Child Income	Example(s)	- Gross salary, wages, cash bonuses - Net income from self-employment (farm or	Unemployment benefitsWorker's compensation	Social Security (including rain retirement and black lung be
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	business); FARM —refer to line 18 of the 1040 or line 34 from Schedule F;	Supplemental Security Income (SSI)	- Private pensions or disability benefits
- Social Security - Disability	- A child is blind or disabled and receives Social Security benefits	BUSINESS—refer to line 12 of 1040 or line 31 from Schedule C.	Cash assistance from State or local government	- Regular income from trusts estates
payments - Survivor's	- A parent is disabled, retired, or deceased, and their child receives Social Security benefits	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT	Alimony paymentsChild support payments	- Annuities - Investment income
benefits	,	include combat pay, FSSA, or privatized housing allowances)	Veteran's benefits Strike benefits	- Earned interest - Rental income
Income from person outside the household	- A friend or extended family member regularly gives a child spending money	 Allowances for off-base housing, food and clothing 		Regular cash payments from outside household
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			
	Sources of Income for Adults			
OPTIONAL Childr	ren's Racial and Ethnic Identities			_
		tion is important and helps to make sure we are fully serving	our community. Responding to the	nis section is optional and does
	y for free or reduced price meals.	, , ,	, , ,	•
,	ispanic or Latino			
	merican Indian or Alaskan Native ☐ Asian		vaiian or Other Pacific Islander	□ White
not have to give the information, but price meals. You must include the la member who signs the application.	of Lunch Act requires the information on this application. You do if you do not, we cannot approve your child for free or reduced set four digits of the social security number of the adult household. The last four digits of the social security number is not required.	Persons with disabilities who require alternative means of comm American Sign Language, etc.), should contact the Agency deaf, hard of hearing or have speech disabilities may conta Additionally, program information may be made available in	(State or local) where they applied for ct USDA through the Federal Relay So	benefits. Individuals who are
(SNAP), Temporary Assistance for N Indian Reservations (FDPIR) case n that the adult household member sig	r child or you list a Supplemental Nutrition Assistance Program Needy Families (TANF) Program or Food Distribution Program on number or other FDPIR identifier for your child or when you indicate gning the application does not have a social security pulse. We to it is your child in clinible for food or reduced price more pulse.	To file a program complaint of discrimination, complete the USD, http://www.ascr.usda.gov/complaint_filing_cust.html, and at the letter all of the information requested in the form. To req completed form or letter to USDA by:	t any USDA office, or write a letter add	ressed to USDA and provide in
	e if your child is eligible for free or reduced price meals, and for ne lunch and breakfast programs. We MAY share your eligibility	Mail: U.S. Department of Agriculture		

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.

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 conducted or funded by USDA.

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The above address is for discrimination complaint purposes only.

Please return this complete application to your school, not USDA.

Do not fill out For School L			Only			Annual Income Conv	Annual Income Conversion: Weekly x 52, Bi-Weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12											
al Income		Н	ow ofter	า?		Household	Categorical		Eligibility		e Denied	ason for Denial or	Withdrawal					
	/eekly	Weekly	: Month	lonthly	Yearly	Size	Eligibility		ced	ed								
termining Official's Signat	ure		e Mo	o./Day/Y	r.	firming Official's	Signature		e <i>M</i>	lo./Day/Yr.	ying Offic	ial's Signature	e Mo./Day/Yr.					
Required for Verification process only	у					Required for Verification	process only											
r schools participating i	n CEP only		ES, the p	orocessin	g of this a	s application from application cannot be nt review of applicatio	paid for by the nonp	rofit scho			, , , , , , , , , , , , , , , , , , , ,		or selecting the verification sample,					