2020-2021 Household Application for Free and Reduced Price School Meals

Apply online at: Schools insert link to your online application, if applicable, or delete.

ASM-01

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

In Community Eligibility Schools (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

		up to and including grad		ehold Members If mo	ore spaces are required for	or 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." School the child attends or Homeless.											
Child's First Name	MI	Child's Last Name				NA if not in school	Foster Migrant, Head Child Runaway Start				
						at apply					
						ck all that					
STEP 2 Do any Household Mer	mbers (including vo	u) currently participate in	any of the following	assistance programs:	FoodShare W-2 Ca	esh Benefits or EDDIP2	Yes / □ No				
STEP 2 Do any nousenous wen	including yo	u) currently participate in	rarry or trie rollowing	Case Numbe	· · · · · · · · · · · · · · · · · · ·	Program Name Required	1162/ 🗀 110				
If you answered NO > Complete STEP 3. If	vou answered VES ~ W	rite a case number here, then o	no to STEP 4 (Do not come		2 1	Program Name Nequired					
ii you ariswered NO > Complete 31EF 3. II	you answered 123 > W	The a case number here, then g	90 to 31EF 4 (<i>Do not com</i>	,	case number in this space.	Medicaid and Badger Care do no	ot qualify				
iSTEP Report Income for ALL	Household Memb	ers (Skip this step if you ans	owered 'Vee' to STED '		·	titled "Sources of Income" for more	. ,				
Report income for ALL	_ nousenoid ivienib	ers (Skip triis step ii you aris	swered fes to STEP 2	Flip the pag	ge and review the charts	How often?	information.				
A. Child Income				CI	Child income Weekly	Bi-Weekly 2x Month Monthly					
Sometimes children in the household ea		de the TOTAL income earned	by all infants, children, an	nd students up to							
and including grade 12 listed in STEP 1	nere.			Ψ							
B. All Adult Household Members (inc List all Household Members not listed in S for each source in whole dollars only (no c	TEP 1 (including yourself)						Seasonal Workers, and				
Name of Adult Household Members	C.	How often?	D. Public Assistance/	How often?	E. Pensions/Retirement/ Social Security,	How often?	others with fluctuating income, project the				
(First and Last Name)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Child Support/ Alimony/SSI/VA Benefit	Weekly Bi-Weekly 2x Month Monthly	Other Income	Weekly Bi-Weekly 2x Month Monthly	annual income and report here.				
	\$		\$		\$	<u> </u>					
	\$		\$		\$	<u> </u>	;				
	\$		\$		\$	<u> </u>					
	\$		\$		\$						
	s		\$		s						
			* [
G. Total Household Members (Children and Adults)—REQUIRED H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member—REQUIRED or Check box if no SSN Check box, if no SSN											
STEP 4 Contact information ar	nd adult signature	Return completed form t	o your school. Ins	ert your school district mai	iling address here						
"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."											
grand and an arrange and a special property grand	,,	2,, 122									
Street Address (if available)	Apt#	City		State Zip	Daytime Pho	ne and Email (optional)					

OPTIONAL

Sources of Income for Children						
Sources of Child Income	Example(s)					
- Gross earnings from work	A child has a regular full or part-time job where the earn a salary or wages					
Social Security Disability payments	 A child is blind or disabled and receives Social Security benefits 					
- Survivor's benefits	 A parent is disabled, retired, or deceased, and their child receives Social Security benefits 					
 Income from person outside the household 	 A friend or extended family member regularly give a child spending money 					
- Income from any other source	A child receives regular income from a private pension fund, annuity, or trust					

Children's Racial and Ethnic Identities

Sources of Income for Adults Public Assistance / Alimony / Pensions / Retirement / Earnings from Work Child Support All Other Income - Gross salary, wages, cash bonuses Unemployment benefits - Social Security (including railroad - Net income from self-employment (farm retirement and black lung benefits) Worker's compensation or business); FARM—refer to line 18 of - Supplemental Security Income - Private pensions or disability benefits Schedule 1 or line 34 from Schedule F; (SSI) - Regular income from trusts or estates BUSINESS-refer to line 12 of - Cash assistance from State or Annuities Schedule 1 or line 31 from Schedule C. local government Investment income - Earned interest - Alimony payments If you are in the U.S. Military: - Rental income Child support payments - Basic pay and cash bonuses (do NOT - Regular cash payments from outside Veteran's benefits include combat pay, FSSA, or privatized household Strike benefits housing allowances) - Allowances for off-base housing, food and clothing

does not affect your children's	s eligibility for free or reduced price meals	5.							
Ethnicity Check one	Hispanic or Latino Not H	lispanic or Latino							
Race Check one or more	American Indian or Alaskan Native	Asian	Black or African Ameri	can Native Hawa	aiian or Other Pacific Islander	White			
not have to give the information, meals. You must include the last a signs the application. The last fou behalf of a foster child or you list Assistance for Needy Families (T(FDPIR) case number or other F household member signing the a information to determine if your cenforcement of the lunch and breeducation, health, and nutrition programs, auditors for program r program rules. In accordance with federal civil rigand policies, the USDA, its Agenadministering USDA programs a	al School Lunch Act requires the information of but if you do not, we cannot approve your child four digits of the social security number of the aduration of the social security number is not requal a Supplemental Nutrition Assistance Program of ANF) Program or Food Distribution Program of DPIR identifier for your child or when you indicate application does not have a social security number in the seligible for free or reduced price meals, seekfast programs. We MAY share your eligibility programs to help them evaluate, fund, or determined the services, and law enforcement officials to help the ghts law and U.S. Department of Agriculture (US cies, offices, and employees, and institutions pare prohibited from discriminating based on race, liation for prior civil rights activity conducted or	I for free or reduced price alt household member who uired when you apply on (SNAP), Temporary in Indian Reservations ate that the adult ber. We will use your and for administration and y information with nine benefits for their nem look into violations of SDA) civil rights regulations articipating in or , color, national origin, sex,	audiotape, American Sig Individuals who are deaf Service at (800) 877-83 To file a program complate found online at: http://www.USDA and provide in the (866) 632-9992. Submit Mail: U.S. Department Office of the Assi 1400 Independer Fax: (202) 690-7442; Email: program.intake@This institution is an equator of the Above address is for the Above a	Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410					
Do not fill out For School Use Only Annual Income Conversion:			Weekly x 52, Bi-Weekly (Every	2 Weeks) x 26, Twice a Month x 24	, Monthly x 12				
Total Income	How often? Weekly Bi-Weekly 2x Month Monthly Yearly		egorical Eligibil gibility Free Reduce	14 /2 0/	Reason for Denial or Withdraw	val			
Determining Official's Signatu	Date Mo./Day/Yr.	Confirming Official's Signal Required for Verification process or			Official's Signature	Date Mo./Day/Yr.			
For schools participating in CEP only: Are all students on this application from a CEP school? If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Cartification and Repetit Issuance portion of the Administrative Review									

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