2022-2023 Household Application for Free and Reduced Price School Meals

Apply online at: N/A.

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

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."								
School th	the child attends or if not in school Homeless, Child Runaway Start							
	at apply							
	O O O							
STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Ber	nefits, or FDPIR? ☐ Yes / ☐ No							
Case Number	Program Name (Required)							
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)								
Write only one case number in this space.	Medicaid and Badger Care do not qualify.							
STEP 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to STEP 2) Flip the page and review the charts titled	"Sources of Income" for more information.							
A. Child Income	w often?							
Sometimes children in the household earn income. Flease include the TOTAL income earned by an infants, children and students up to and	kly 2x Month Monthly							
S. 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 gross incor	ome (before taxes) F. Seasonal Workers, and							
for each source in whole dollars only (no cents). 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 from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from any source, write '0'.	others with fluctuating							
Name of Adult Household Members Child Support/ Child Support/ Social Security,	annual income and							
	<u> </u>							
	\$							
	<u> </u>							
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 and adult signature Return completed form to your school. Mount Horeb School Nutrition, 305 S 8th Street, Mount	nt Horeb, WI 53572							
"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 Daytim	ne Phone and Email (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 they earn a salary or wages			
Social SecurityDisability paymentsSurvivor's benefits	A child is blind or disabled and receives Social Security 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 gives a child spending money			
- Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

Sources of Income for Adults					
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business); FARM—refer to line 3 and 6 of Schedule 1 or line 34 from Schedule F; BUSINESS—line 31 from Schedule C or 1040-Line 8, Wage and Statement, Line 3. If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household			

OPTIONAL	Children's Racial and Ethnic Identities				
•	for information about your children's race and ethnicity ldren's eligibility for free or reduced price meals.	. This information is	important and helps to mak	e sure we are fully serving our community. Responding to t	his section is optional an
Ethnicity Check one Race Check one or more	Hispanic or Latino Not Hispanic American Indian or Alaskan Native	or Latino Asian	Black or African America	an Native Hawaiian or Other Pacific Islander	White
not have to give the inform meals. You must include th signs the application. The labehalf of a foster child or y Assistance for Needy Fam (FDPIR) case number or o member signing the applic determine if your child is el the lunch and breakfast pro nutrition programs to help to	ational School Lunch Act requires the information on this appation, but if you do not, we cannot approve your child for free of elast four digits of the social security number of the adult househost four digits of the social security number is not required where our list a Supplemental Nutrition Assistance Program (SNAP), Tillies (TANF) Program or Food Distribution Program on Indian Fither FDPIR identifier for your child or when you indicate that the ation does not have a social security number. We will use your igible for free or reduced price meals, and for administration are igible for free or reduced price meals, and for administration are hem evaluate, fund, or determine benefits for their programs, and forcement officials to help them look into violations of programs.	or reduced price old member who n you apply on Femporary Reservations e adult household information to nd enforcement of on, health, and auditors for	Discrimination Complaint F OASCR%20P-Complaint-F or by writing a letter address and a written description oo Rights (ASCR) about the n submitted to USDA by: 1. mail: U.S. Department of A	nt Secretary for Civil Rights Avenue, SW	ult/files/documents/USDA- y calling (866) 632-9992, ss, telephone number, stant Secretary for Civil
policies, this institution is p	civil rights law and U.S. Department of Agriculture (USDA) civi rohibited from discriminating on the basis of race, color, national orientation), disability, age, or reprisal or retaliation for prior civ	al origin, sex (including			
alternative means of communication Language), should contact	e made available in languages other than English. Persons with a unication to obtain program information (e.g., Braille, large print, a the responsible state or local agency that administers the programoice and TTY) or contact USDA through the Federal Relay Servine	audiotape, American Sig m or USDA's TARGET	•	opportunity provider.	

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 How often? Eligibility Household Categorical Date Denied Total Income Eligibility Mo/Day/Yr. Reason for Denial or Withdrawal Bi-Weekly 2x Month Monthly Yearly Size Free Reduced Denied Determining Official's Signature Confirming Official's Signature Verifying Official's Signature Date Mo./Day/Yr. Date Mo./Day/Yr. Date Mo./Day/Yr.

Required for Verification process only

Return this complete application to your school, not to USDA.

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