

2019-2020 Household Application for Free and Reduced Price School Meals

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

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

if more spaces are required for additional names, attach another sheet of paper.

STEP 1

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	Grade	School the child attends or NA, if not in school	Foster Child	Head of Household
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2

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)

STEP 3

Write only one case number in this space. Medicaid and Badger Care do not qualify. Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children, and students up to and including grade 12 listed in STEP 1 here.

Child income \$

How often? Weekly Bi-Weekly 2x/Month Monthly

B. 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 income (before taxes) 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 to report.

Name of Adult Household Members (First and Last Name)	Earnings from Work	D. Public Assistance/Alimony/SSI/VA Benefit	E. Pensions/Retirement/Social Security/Other Income	F. Seasonal Workers, and others with fluctuating annual income and report here.	How often?	
					Weekly	Monthly
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>

G. Total Household Members (Children and Adults)—REQUIRED

STEP 4

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

Daytime Phone and Email (optional)

Printed Name OR Signature of Adult Completing this application—REQUIRED

Today's Date Mo./Day/Yr.

1230 Michigan Street, Sturgeon Bay, WI 54235