ELMBROOK SCHOOLS
School District of Elmbrook

13780 Hope Street • P.O. Box 1830 • Brookfield, Wisconsin 53008-1830
Phone: (262) 781-3030 • Fax: (262) 790-4095 • www.elmbrookschools.org

NATIONAL SCHOOL LUNCH PROGRAM

SUBMIT ONE APPLICATION PER HOUSEHOLD
(Note: A new application *must be* filed every year)

Dear Parent/Guardian: July, 2011

The School District of Elmbrook offers healthy meals each school day. Children may buy a lunch for $2.00 at elementary grades K-5 and $2.25 for grades 6-12. Breakfast is available in grades 6-12 at a cost of $1.50. Children may also receive meals free or at a reduced price. All meals served must meet standards established by the U. S. Department of Agriculture. However, if a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal; the school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, contact the Elmbrook Schools Food & Nutrition Dept. for further information.

If anyone in your household currently receives benefits from FoodShare or W-2 cash benefits, your children can get free meals. Your children may also be eligible for free or reduced price meals if your total household *gross* income is within the limits of the Federal Income Guidelines shown on this application. Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals, regardless of income (refer to the application instructions). Households qualifying for Reduced price meals will be charged $.30 for breakfast and $.40 for lunch.

TO RECEIVE FREE OR REDUCED PRICE MEALS FOR YOUR CHILDREN, YOU MUST COMPLETE AN APPLICATION AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE.

HOW TO APPLY

If you now receive FoodShare or W-2 Cash Benefits, the application must include the children's names, a valid FoodShare or W-2 Cash Benefit number for the household member receiving the benefits and that members name. The signature of an adult household member is required. If you are applying for a foster child, the application must have the child's name, the child's "personal use" income and an adult signature. If you do not list a FoodShare or W-2 Cash Benefit number, then the application must have the children's names, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member and the last 4-digits of that adult's social security number or the word "none" if the adult does not have a social security number.

INCOME SCALE

Household Size	Annual	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	69,616	5,802	1,339
For each additional member add:	+7,067	+589	+136

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should get free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing: Keith Brightman, 13780 Hope Street, P.O. Box 1830, Brookfield, Wisconsin 53008-1830.

Confidentiality: The information provided by the household on the application is confidential. Public Law 103-448 does authorize the release of student free and reduced price school meal eligibility status to persons directly connected with the administration and enforcement of federal or state educational program. **With your written consent**, they may also use the information for other programs if you sign a statement waiving confidentiality for those specific uses.

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change like a decrease in household income, an increase in household size, become unemployed or get FoodShare or W-2 cash benefits for your children, complete an application then. If the child you are applying for is believed to be homeless, migrant or runaway, please contact Stacey Knight, the school district Homeless Liaison.

IN ACCORDANCE WITH THE FEDERAL LAW AND US DEPT. OF AGRICULTURE POLICY, NO CHILD WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY FILE A COMPLAINT TO: 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.

We will let you know when your application is approved or denied.

Sincerely,
School District of Elmbrook

Keith Brightman
Assistant Superintendent for Finance and Operations

SCHOOL DISTRICT OF ELMBROOK
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
NOTE: A new application MUST BE filed every year AFTER July 1st

PART 1. ALL HOUSEHOLD MEMBERS

Names of all people living in your household (First, Middle Initial, Last) Please attach a separate piece of paper if necessary.	School the child attends, or indicate "NA" if household member is not in school	Grade	*Check if a foster child (legal responsibility of welfare agency or court) If all children listed below are foster children, **skip to Part 5** to sign this form.*	*Check if NO income*
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑

PART 2. BENEFITS

If **any** member of your household receives **FoodShare** or **W-2 Cash Benefits,** provide the name and case number for the person who receives benefits and **skip to part 5**. If no one receives these benefits, go to Part 3.

NAME: _____

CASE NUMBER: _____

PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact Stacey Knight, the school district Homeless Liaison.

HOMELESS ❑ MIGRANT ❑ RUNAWAY ❑

PART 4. 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 2, you do not need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	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 (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(Example) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐	$50 / quarterly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
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	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

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: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Last four digits of Social Security Number (Write "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 (regardless of ethnicity):*		
❑ Hispanic/Latino	❑ Asian	❑ American Indian or Alaska Native	❑ Black or African American
❑ Not Hispanic/Latino	❑ White	❑ Native Hawaiian or other Pacific Islander	

FOR SCHOOL USE ONLY. DO NOT COMPLETE THIS SECTION

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____Eligibility: Free___ Reduced___ Denied___

Reason: _____

Temporary: Free_____ Reduced_____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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SHARING INFORMATION – School Fees Waiver

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be used to establish your eligibility for a Waiver of other School Fees. **In order to receive the School Fees Waiver, we must have your permission to share your information. Sending in this form *will not* change whether your child/ren receive free or reduced price meals.**

❑ Box #1 - No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared to receive a Waiver of School Fees.

❑ Box #2 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application to allow my child/ren to receive a Waiver of School Fees.

If you checked YES to the box above, please provide the names and schools of your child/ren.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

SIGNATURE AND DATE *REQUIRED* – whether you checked yes or no

Signature of Parent/Guardian: _____ Date: _____

Printed Name:_____

Address: _____

For more information, you may contact your child/ren's school.
Return this form to your child/ren's school office.

School District of Elmbrook, Food & Nutrition Dept., PO Box 1830, Brookfield WI 53008-1830
(262) 781-3030 x.1148

INSTRUCTIONS FOR APPLYING:

Part 1: 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 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.

IF ANYONE IN YOUR HOUSEHOLD RECEIVES BENEFITS FROM FOODSHARE, W-2 Cash Benefits, or the Food Distribution Program on Indian Reservations (FDPIR), FOLLOW THESE INSTRUCTIONS:

Part 2: List the case number for one household member (adult or child) who receives FoodShare or W-2 Cash Benefits or FDPIR benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. You do not need to provide the last four digits of your Social Security Number.
Part 6: This question is optional. You can choose whether or not to provide ethnic and racial data.

IF YOU ARE APPLYING FOR A CHILD WHO IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 2: Skip this part.
Part 3: Check the appropriate category and call the district homeless liaison, Stacey Knight
Part 4: Skip this part.
Part 5: Sign the form. You do not need to provide the last four digits of your Social Security Number.
Part 6: This question is optional. You can choose whether or not to provide ethnic and racial data.

IF YOU ARE APPLYING FOR *ONLY* FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS. YOU DO NOT NEED TO FILL OUT A SEPARATE APPLICATION FOR EACH FOSTER CHILD IN YOUR HOUSEHOLD. (IF THERE ARE BOTH FOSTER CHILDREN AND NON-FOSTER CHILDREN IN YOUR HOUSEHOLD, FOLLOW THE INSTRUCTIONS BELOW FOR ALL OTHER HOUSEHOLDS):

If all children in the household are marked as foster children in Part 1:
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. You do not need to provide the last four digits of your Social Security Number.
Part 6: This question is optional. You can choose whether or not to provide ethnic and racial data.

ALL OTHER HOUSEHOLDS, including WIC households and households with both foster children and non-foster children, FOLLOW THESE INSTRUCTIONS:

Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the district homeless liaison, Stacey Knight. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- Section 1–Name: List all household members who have income.
- Section 2 –Gross Income and How Often It Was Received: List the income for each household member. 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.

*** WAIVER OF SCHOOL FEES *** – PLEASE FILL OUT & RETURN THE ATTACHED "*SHARING INFORMATION*" SHEET

Privacy Act Statement: 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 list a FoodShare or W-2 cash benefit number 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.