

2020-21 ELMBROOK SCHOOL DISTRICT HIGH SCHOOL ONLY FREE and REDUCED LUNCH APPLICATION

Names of <u>ALL</u> people living in your household (first name, middle, last name) Attach a separate sheet of paper if needed for additional household members.	School your child attends. If not applicable, write NA	Please write in the box below if any of the following applies to your child: foster, homeless, migrant or runaway	Please check a box if there is NO INCOME	Please check a box below if any member of your household receives FoodShare or W2 benefits		Provide the Case Number for FoodShare or W2 benefits. <u>Medicaid and Badger Care numbers do not qualify</u>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List ONLY household member <u>with income</u>	INCOME INFORMATION – <u>GROSS</u> INCOME AND HOW OFTEN IT IS RECEIVED					
	Earnings from Work (Gross amount before deductions)	How often: Weekly, Bi-weekly, 2x a month, Monthly	Income from: Public Assistance, Child Support, Alimony, SSI, VA benefits	How often: Weekly, Bi-weekly, 2x a month, Monthly	Income from: Pensions, Retirement, Social Security, Other Income (example: unemployment)	How often: Weekly, Bi-weekly, 2x a month, Monthly

An adult household member must sign the application and also must list the last four digits of his or her Social Security number.

I certify that all information on this application is true and that all income is reported. I understand that school officials may verify the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted. I understand my child's eligibility may be shared as allowed by law.

Signature _____ Print Name _____ Date _____

Address _____ City, State, ZIP _____

Phone _____ Email _____ Last 4 digits of Social Security # _____

☐ I do not have a Social Security number

RETURN THIS COMPLETED FORM TO:
ELMBROOK SCHOOLS FOOD & NUTRITION DEPT., 3555 North Calhoun Road, Brookfield, WI 53005

DO NOT FILL OUT THIS PART. TO BE COMPLETED BY SCHOOL DISTRICT OFFICIALS ONLY	
Annual Income Conversion: Weekly (x52), Bi-Weekly (x26), Semi-Monthly (x24), Monthly (x12)	
Total Annual Income \$ _____	Household size _____
Eligibility: Free _____ Reduce _____ Denied _____ If denied, reason: _____	
Determining Official's Signature: _____	Date: _____ Fee Waiver Received _____

SHARING YOUR FREE/REDUCED MEAL STATUS WITH OTHER PROGRAMS

(Fees will not be waived without this completed form)

Dear Parent/Guardian:

July, 2020

To save you time and effort, the approval status from the Free and Reduced Price School Meals Application or Direct Cert approval, may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your free/reduced meal status. Completing this form will not change whether your children receive free or reduced price meals.

☐ Yes! I **DO** want school officials to share my free/reduced meal status from the Free and Reduced Price School Meals Application or Direct Cert approval, to allow my child/ren to receive a waiver of the following fees:

☐ **Registration Fees:**

- **School Registration Fee**
- **Fine Arts (ACE, Arts in Me)**

☐ **User Fees:**

- **Clubs, Music, Athletics**

☐ **Other Curricular Fees:**

- **Assignment Notebooks, DARE, Field Trips, Instrumental Rental – band, strings, Music Recorder/Book, Padlock – Initial, Resale items if applicable to course, Summer School Transportation (for over 2 siblings), Testing**

Fees waived by other groups:

☐ Yes! I **DO** want school officials to share my free/reduced meal status from the Free and Reduced Price School Meals Application or Direct Cert approval with the School District of Elmbrook Student Services Staff for the purpose of potential community resources or donations such as Christmas Clearing House or reduced fee home internet services.

☐ Yes! I **DO** want school officials to share my free/reduced meal status from the Free and Reduced Price School Meals Application or Direct Cert approval with the School District of Elmbrook Student Services Staff in order to receive career and college planning for my high school student.

Please fill out the form below to ensure that your free/reduced meal status is shared for the following child/ren listed below. Your free/reduced meal status will be shared only with the programs listed above.

Child's Name _____ School _____

Child's Name _____ School _____

Child's Name _____ School _____

Child's Name _____ School _____

Child's Name _____ School _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name _____

Address: _____

For more information, you may contact your child/ren's school.

**Return this form to: Elmbrook Schools Food & Nutrition Dept.
ATTN: OLR Processing
3555 North Calhoun Road Brookfield WI, 53005**