



West Allis-West Milwaukee School District

Free and Reduced School Meal Information and Application

2018-2019

Children need healthy meals to learn! The West Allis-West Milwaukee School District offers healthy meals, including breakfast and lunch, at every school, every school day.

Your children may qualify for free meals or for reduced price meals.

Even if your child attends a school providing free meals to all students, you may be eligible for waived or reduced school fees, as well as other potential benefits.

This packet includes the following information:

- Frequently asked questions and answers to help you with the application process.
- Community Eligibility Provision (CEP) schools for the 2018-2019 school year.
- Application Instructions
- 2018-2019 Application for Free and Reduced Price School Meals
- Sharing Information with Other Programs form
 - (Must be returned with application for waiver or reduction of school fees, even if your student attends a school that provides free meals)

Important information regarding free and reduced meal applications. Please read!

- ⚠** If you have already received a letter (dated after August 1, 2018) stating that your child(ren) is eligible for free meals, you do not need to complete an application. You do need to complete a Sharing Information with Other Programs form if you wish to reduce or waive general school fees.
- ⚠** If your student attends a Community Eligibility (CEP) school where all students receive free meals, please complete an application if you feel your household will qualify for free or reduced meal benefits. You may be eligible for free or reduced school fees, and this information is important in order for the district to maintain program funding.
- ⚠** Applications may be completed online by logging into your Skyward Family Access account. If you are unsure how to access your account, directions are available on the district website at http://www.wawm.k12.wi.us/parents/parent_resources/skyward_directions. If you still have questions, please contact the main office at your child's school.
- ⚠** If you complete a paper application (available in your school office), return it (and the Sharing Form) to your child's school or to the District Office at: 1205 S 70th St, West Allis, WI 53214.
- ⚠** Within 10 business days of receiving your application at the district office, you will receive an email after the application has been processed. You will also be able to access your determination letter via Skyward Family Access. **SAVE THIS INFORMATION.** You may need to reference it for other programs during the school year.
- ⚠** To get answers to questions about your application or about the Free and Reduced Program please call Nicole Weeks at 414-604-3033 or email weeksn@wawmsd.org.

Frequently Asked Questions

Children need healthy meals to learn. The West Allis-West Milwaukee School District offers healthy meals every school day. Breakfast costs **\$1.30**; lunch costs **\$2.35** at elementary schools, **\$2.50** at intermediate schools, and **\$2.65** at high schools. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR), or W-2 cash benefits are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may qualify to receive free or reduced price meal benefits if your household's income is at or below the limits on the Federal Income Eligibility Guidelines chart below.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2018-2019			
Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call Nic Bur at 414-604-3414.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Incomplete applications will be returned to your household via USPS. Return the completed application to: Nicole Weeks at 1205 South 70th Street, West Allis, WI, 53214.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS?** No, but please carefully read the letter you received and follow the instructions. If any children in your household were missing from your eligibility notification, contact Nicole Weeks at 414-604-3033 or weeksn@wawmsd.org immediately. If your household has automatically qualified for reduced meals, we encourage you to complete an application to potentially qualify for free meals based on household size and income.
- 5. DO I NEED TO FILL OUT AN APPLICATION IF MY CHILD ATTENDS A COMMUNITY ELIGIBILITY PROVISION SCHOOL (CEP)?** If your child attends a school that participates in CEP, receipt of free breakfast and lunch meals does not depend on returning this application. However, this information is necessary for other programs and may be used to determine if your household is eligible for additional benefits.

6. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application, if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Log into your Skyward Family Access account to learn more about the online application process. If you are unsure how to access your account, directions are available on the district website at: http://www.wawm.k12.wi.us/parents/parent_resources/skyward_directions. If you still have questions, please contact the main office at your child's school. Contact Nicole Weeks at weeksn@wawmsd.org or 414-604-3033 if you have any questions about the online process.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through October 16, 2018. You must send in a new application unless you received a letter indicating that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
8. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
9. **MY CHILD(REN) QUALIFIES FOR BADGERCARE PLUS OR MEDICAID. CAN MY CHILD GET FREE MEALS?** Children with BadgerCare Plus, Medicaid, or subsidized insurance may be eligible for free or reduced price meals, but it is based on income. Please send in an application.
10. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
11. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
12. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling 414-604-3000 or writing to: Hearing Official, c/o WAWM School District Business Office, 1205 South 70th Street, West Allis, WI 53214.
13. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
16. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include any combat pay resulting from deployment as income.
17. **WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application.
18. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

Community Eligibility Provision

The West Allis-West Milwaukee School District is pleased to implement the Community Eligibility Provision (CEP) while participating in the National School Lunch and School Breakfast Programs for School Year 2018-2019.

What does this mean for you and your children attending the school(s) identified below?

Great news! All enrolled students attending the following schools are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2018-19 school year. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit a meal application.

Franklin Elementary Horace Mann Elementary Jefferson Elementary	Madison Elementary Longfellow Elementary Pershing Elementary Wilson Elementary	West Milwaukee Intermediate Central High School James E. Dotke High School
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**The district will still be requesting applications from households with a student participating in the CEP; however, receipt of free breakfast and lunch meals does not depend on returning it. Completing the application is still necessary for other programs like reducing or waiving school fees (which also requires a Sharing Information with Other Programs form), and may be used to determine if your household is eligible for these additional benefits.*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS FOR 2018-2019 School Year

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the West Allis-West Milwaukee School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order. If at any time you are not sure what to do next, please contact Nicole Weeks at 414-604-3033 or email weeksn@wawmsd.org. *If your child attends a Community Eligibility Provision School (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs. Your school fees may be eligible to be waived or reduced if your household qualifies for benefits.*

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income; and
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth, or enrolled in a Head Start program.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Enter the grade and the name of the school the child attends or mark n/a if not in school. Enter the grade level of the student in the 'Grade' column.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the children's names. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, runaway or enrolled in a Head Start program? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway or Head Start" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FoodShare, W-2 Cash Benefits OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare.
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above assistance programs:

- Write a case number and name of the assistance program you or any member of the household participates for FoodShare, W-2 Cash Benefits, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case worker. Medicaid and BadgerCare case numbers do NOT qualify for free meals.
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "**Sources of Income for Children**" and "**Sources of Income for Adults**," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes. Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s personal income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

List adult household members’ names.

- Print the name of each household member in the boxes marked “Name of Adult Household Members (First and Last).” When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, children and students already listed in **STEP 1.**

C) Report earnings from work. Report all total gross income (before taxes) from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony.

Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from pensions/retirement/all other income.

Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

F) Fluctuating Income. For seasonal workers and others whose income fluctuates and usually earn more money in some months than others. In these situations, project the annual rate of income and report that. This includes workers with annual employment contracts but may choose to have salaries paid over a shorter period of time; for example, school employees.

G) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

H) Provide the last four digits of your Social Security Number (SSN). An adult household member must enter the last four digits of their SSN in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members have a SSN, leave this space blank and mark the box to the right labeled “Check box if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

An adult member of the household must sign the application. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print or sign your name. The adult filling out the application must print or sign their name in the signature box.

C) Return completed form to:
Nicole Weeks
1205 S 70 St
West Allis, WI 53214

D) Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

2018-2019 Household Application for Free and Reduced Price School Meals

** Note: You can apply online by logging into Skyward Family Access! **

Complete one application per household. Please 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.

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members If more spaces are required for 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."

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

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDIR? Yes / No

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)

Case Number	Program Name (Required)
<input type="text"/>	<input type="text"/>
Write only one case number in this space.	Medicaid & Badger Care does 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

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.

	How often?
Child income	Weekly Bi-Weekly 2x Month Monthly
\$ <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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)	C.	How often?				D.	How often?				E.	How often?				F.	
		Earnings from Work	Weekly	Bi-Weekly	2x Month		Monthly	Public Assistance/ Child Support/ Alimony/SSI/VA Benefit	Weekly	Bi-Weekly		2x Month	Monthly	Pensions/Retirement/ Social Security, Other Income	Weekly		Bi-Weekly
<input type="text"/>	\$	<input type="text"/>	<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="text"/>	\$	<input type="text"/>	<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="text"/>	\$	<input type="text"/>	<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="text"/>	\$	<input type="text"/>	<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="text"/>	\$	<input type="text"/>	<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"/>

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

<input type="text"/>	<input type="text"/>
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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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Check box, if no SSN

STEP 4 Contact information and adult signature Return completed form to your school. Nicole Weeks, 1205 S 70 St, West Allis, WI 53214

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.*

INSTRUCTIONS

Source of Income

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 Security - Disability payments - Survivor'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 18 of the 1040 or line 34 from Schedule F; BUSINESS —refer to line 12 of 1040 or line 31 from Schedule C. 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

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 does not affect your children's eligibility for free or reduced price meals.

Ethnicity *Check one* Hispanic or Latino Not Hispanic or Latino
 Race *Check one or more* American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW Washington, D.C. 20250-9410

Fax: (202) 690-7442; or
 Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The above address is for discrimination complaint purposes only. Please return this complete application to your school, not USDA.

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?					Household Size	Categorical Eligibility	Eligibility			Date Denied	Reason for Denial or Withdrawal
	Weekly	Bi-Weekly	2x Month	Monthly	Yearly			Free	Reduced	Denied		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	

Determining Official's Signature	Date Mo./Day/Yr.	Confirming Official's Signature	Date Mo./Day/Yr.	Verifying Official's Signature	Date Mo./Day/Yr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Required for Verification process only		Required for Verification process only	

For schools participating in CEP only:

Are all students on this application from a CEP school? Yes No
 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 Certification and Benefit Issuance portion of the Administrative Review.



West Allis-West Milwaukee School District Sharing Information with Other Programs

2018-2019

To save you time and effort, the information you give on your Free and Reduced Price School Meals Application may be shared with West Allis-West Milwaukee School District administration for the purpose of waiving general school registration fees. This does not cover locker fees, participation fees for sports, or any other fees or charges. For this general fee waiver, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

Check the appropriate box to indicate whether you give permission to share the free/reduced price meal status of your child(ren) attending the WAWM School District for the following purpose. If you do not have free/reduced benefits approved for the 2018-2019 school year, this form will not be processed.

YES

NO

Waive or reduce general school fees. **(IF I CHECKED NO, I AGREE TO PAY THESE FEES.)**

If you checked yes above, fill out the remainder of the form below to ensure that your information is shared for the child(ren) listed below, and only children who are enrolled in the West Allis-West Milwaukee School District. Your information will be shared only for this purpose.

IMPORTANT: Other programs may require separate proof of your meal status qualification. If you have received notification indicating your free or reduced price meal eligibility, keep that letter in a safe place for future reference.

Please note that this form will not be processed if it is not complete.

***If you do not have an application for free or reduced meal benefits on file, or if you have not been notified of automatic benefits, this form will not be processed.**

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____



SIGN HERE: Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

Address: _____

Return this form with your completed application, if needed, to:

West Allis West Milwaukee School District, ATTN: Nicole Weeks, 1205 South 70th Street, West Allis, WI 53214

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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