2024-25 Household Application for Free and Reduced Price School Meals

APPLY ONLINE:

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application; however, this information is necessary for other programs.

RETURN TO (School/District Name): St Croix Falls School District ADDRESS: PO Box 130 St Croix Falls WI 54024

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names. List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household. **Child's First Name** ML **Child's Last Name** Grade Foster Child Migrant Runaway Homeless If you checked Check all that apply any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D. STEP 2 Do any household members (including you) participate in: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR? CASE NUMBER (NOT EBT NUMBER): ○ NO → Go to STEP 3. Badgercare, Medicaid, Summer EBT are not eligible. Write only one case number in this space. STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. 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.

		How often received?		Assistance, How often	eceived?	Pensions, Retirement, Social Security, SSI,	How often received?
Name of Adult Household Members (First and Last)	Earnings from Work	Every Every Weekly 2Weeks 2x Month Monthly			2x Month Monthly	VA Benefits, All Other	Every Every Weekly 2 Weeks 2x Month Monthly
	\$	0000) \$	0 0	0 0	\$	0 0 0 0
	\$	0000	\$	0 0	0 0	\$	0000
	\$	0000	0 \$	0 0	0 0	\$	0000
	\$	0000	0 \$	0 0	0 0	\$	0000
	\$	0000	0 \$	0 0	\circ	\$	0 0 0 0
Required: Total Household Members (Children and Adults)	Required: Last Four Numb Number (SSN) of Primary W Adult Household Member (Vage Earner or Other	Security	Box if No Social ty Number ow often received?			pplication's back
Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by <i>F</i>	LL children listed in STEP 1	Child Income	Weekly 2Wee	ery 2xMonth Monthly Annual			.ome sources.
STEP 4 Contact information and adult signature. <u>RETU</u>	IRN COMPLETED FORM	TO YOUR CHILD'S SCHOOL:	Insert school addr	Iress here PO Box	130 St C	roix Falls	WI 54024

"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 (confirm) 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."

Print Name of Adult Signing the Form		Required: Signature	of Adult		Today's Date	
Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)	
Return completed form to your ch	ild's school.					

	Sources of Income	Examples of Income for Child	ren		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	• A child has a regular full or part-time job where they earn a	a salary or wages	
 Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) Unemployment benefits Workers' compensation Supplemental Security Income Cash agrictance from Grant Cash agric 		 Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates 	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		
 If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing 	 Cash assistance from State or local government Alimony payments Child support payments 	Annuities Investment income Earned interest	A friend or extended family member regularly gives a child spending money		
allowances) • Veterans benefits Allowances for off-base housing, food, and clothing • Veterans benefits • Strike benefits		Rental income Regular cash payments from outside household	A child receives regular income from a private pension fund, annuity, or trust		
OPTIONAL Children's ethnic and rac	ial identities. This information is kept co	onfidential and may be protected by the Priva	cy Act of 1974.		
We are required to ask for information abo and does not affect your children's eligibil	· · · · · · · · · · · · · · · · · · ·	his information is important and helps to make	e sure we are fully serving our community. Responding	g to this section is optional	
E thnicity (check one): 🥅 Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South	h or Central American, or other Spanish Culture or origin,	regardless of race) 🗾 Not Hispanic or Latino		
Race (check one or more): 🔲 American Indi	ian or Alaska Native 📃 Asian 📃 E	Black or African American 🛛 🗌 Native Hawaiian or O	ther Pacific Islander 🛛 🔲 White		
Return this completed form to your child's	school. *Do <u>not</u> mail, fax, or email com	pleted applications to the U.S. Department of	Agriculture Office of the Assistant Secretary for Civil F	lights.	
DO NOT FILL OUT For school use of	only. If all students listed on this applica	tion attend CEP schools, the processing of this	application cannot be paid for by the nonprofit scho	ol food service account.	
Annual Income Conversion: Weekly × 52, E	very 2 Weeks × 26, Twice a Month × 24, Mo How often?	onthly \times 12. Do not annualize income to determine	ne eligibility unless more than one income frequency is lis	sted.	
Total Income		usehold size Categorical Eligibi	Eligibility Free Reduced Denied O O		
Determining Official's Signature Use of Information Statement	Date Confirming C	Official's Signature Dat	e Verifying Official's Signature	Date	
The Richard B. Russell National School Lunch Ac from this application to see who qualifies for fre approve complete forms. We may share your eligi and nutrition programs to help them deliver progra- and law enforcement may also use your informatio Please be sure to provide the last four numbers of 1 household member who signs the application. If th	ee or reduced price meals. We can only ibility information with education, health, am benefits to your household. Inspectors on to make sure that program rules are met. the Social Security number of the adult	discriminating on the basis of race, color, national ori prior civil rights activity. Program information may be of communication to obtain program information (e.	le a complaint of discrimination partment of Agriculture (USDA) civil rights regulations and polici gin, sex (including gender identity and sexual orientation), disabi e made available in languages other than English. Persons with di g., Braille, large print, audiotape, American Sign Language), shoul SET Center at (202) 720-2600 (voice and TTY) or contact USDA thr	lity, age, or reprisal or retaliation fo sabilities who require alternative m d contact the responsible state or l	

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <u>https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</u>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or EMAIL: program.intake@usda.gov *Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

Social Security Number' Applications for a foster child do not need to list a Social Security

Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution

Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

free meals for a foster child, and children who are homeless, migrant, or runaway.

number. Applications for children in households receiving Supplemental Nutrition Assistance

Some children qualify for free meals without an application. Please contact your school to get