



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"/>	

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 _____

