

# Household Application for Free and Reduced Price School Meals

## Complete Application – FoodShare, W-2 Cash Benefits, or FDPIR

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	Foster Child	Homeless, Migrant, Runaway	Head Start
					<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"/>

### STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR?

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

Write only one case number in this space. Medicaid and Badger Care do 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.

Child income \$

How often?  Weekly  Bi-Weekly  2x Month  Monthly

#### 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.

F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.

Name of Adult Household Members (First and Last Name)	C. Earnings from Work	How often?				D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit	How often?				E. Pensions/Retirement/ Social Security, Other Income	How often?				F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly	
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#### G. Total Household Members (Children and Adults)—REQUIRED

#### 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

X X X X X X

Check box, if no SSN

### STEP 4 Contact information and adult signature Return completed form to your school. Insert your school district mailing address here

"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."

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.



# Household Application for Free and Reduced Price School Meals

**Complete Application – Homeless/Migrant/Runaway/Head Start**  
 Requires additional documentation, see Eligibility Manual (Updated 8/2021)

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	Foster Child	Homeless, Migrant, Runaway	Head Start
					<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"/>

**STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FPIR?  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:   
 Write only one case number in this space. Medicaid and Badger Care do 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.

Child income: \$      
 How often? Weekly  Bi-Weekly  2x Month  Monthly

**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. Earnings from Work	How often?				D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit	How often?				E. Pensions/Retirement/ Social Security/ Other Income	F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		
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**G. Total Household Members (Children and Adults)—REQUIRED**

**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

X X X X X X

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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.:

# Household Application for Free and Reduced Price School Meals

**Complete Application – Income Eligible** (updated 8/2021)

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<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 FDIPIR?**  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)

<b>Case Number</b>	<b>Program Name Required</b>
<input type="text"/>	<input type="text"/>

Write only one case number in this space. **Medicaid and Badger Care do 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.

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		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly					
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**G. Total Household Members (Children and Adults)—REQUIRED**

**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          Check box, if no SSN

**STEP 4 Contact information and adult signature Return completed form to your school.** Insert your school district mailing address here

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<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.