2024-2025 Application for Free and Reduced Price School Meals

Waunakee Community School District 2024-2025

To complete the application, please use a Black or Blue pen (not a pencil).

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	School the Child Attends or NA if not in school	Foster Child	Homeless, Migrant, Runaway

Check all that apply

STEP 2 Provide the Last 4 digits of Your Social Security Number

Enter Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☐

STEP 3 Report Income for ALL household members. If your household receives FoodShare, W-2 Cash Benefits, Medicaid or participates in FDPIR, you may opt to provide documentation verifying this & skip the income portion. Documentation is subject to approval & must be dated within the last 6 months.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children and students listed in STEP 1.

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 income for each source in whole dollars 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.

Name of Adult Household Members (First and Last)	C. Earnings from Work	How often? Weekly / Bi-Weekly / 2x Month / Monthly	D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefits	How often? Weekly / Bi-Weekly / 2x Month / Monthly	E. Pensions/Retirement/ Social Security, Other Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly	F. Special Situations Seasonal Workers, Annual contract paid over a shorter period of time (school employees), fluctuating income. Annualize income and report here.
	$		$		$		$
	$		$		$		$
	$		$		$		$
	$		$		$		$
	$		$		$		$

G. Total Household Members (Children and Adults) ____

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits."

Street Address (if available) | Apt # | City | State | Zip | Daytime Phone or Email

Printed name of adult completing the form | Signature of adult completing the form | Today's date