

Dear Parents,

Our Food Service Department would like to welcome you to the 2020 – 2021 school year! We have been working over the summer to make changes in our menus. Our school meal program, as you may have seen in the news must meet tough new federal standards when the school year begins. These standards ensure that meals are healthy and well balanced. They also provide students the nutrition they need to succeed at school.

As in the past, school meals will continue to offer students fat free milk, fruits, vegetables, proteins and grains. We must meet strict limits on saturated fat and portion control. Elementary students must choose at least 3 of the 4 items including milk so the meal counts as a complete breakfast. At lunch they must take 4 of the 5 items including milk to be counted as a complete lunch.

Grades 6 through 12 must take 3 of the 5 items for breakfast and 3 of the 5 items for lunch to be counted as a complete meal. If your child has any food allergies, a doctor's note must be on file in the office.

All student breakfast prices are as follows: \$1.60 for breakfast pre-k through 12th grade, Pre-K through 6th grade lunch is: \$2.80 and 7th through 12th grade is: \$3.05. Reduced price meals are .30 cents for breakfast and .40 cents for lunch. Milk is served with all meals. If you would like your child to purchase milk for lunch or afternoon milk breaks the price for white non-fat milk is .30 cents while the non-fat chocolate milk is .35 cents. **Afternoon milk breaks for 4K-2nd grades are not part of the free or reduced program so those will be billed monthly on your account & need to be prepaid if your child participates.**

Please remember your account for Food Service is just like a checking account. **You must deposit money in your account prior to making any purchases.** Ala carte purchases at the middle/high school are cash only, or the student must have money in the account.

Enclosed you will find a free and reduced application along with instructions to complete it. Please read the instructions for filling out the application. We strongly encourage every family to complete this application even if you do not purchase meals. **Free or reduced status does not carry over from year to year. A new application must be completed each school year to remain eligible for free or reduced meals.**

Thank you for taking the time to review this information and returning the application. Payments can be made by using the RevTrak Payment System or sending payments directly to the school district. You may also pay in either the Elementary or Middle/High School office. If you have any questions, please call Holly Krueger at 715-528-3262, Option 3 or email kruegerh@myflorence.org

Florence County School District
Food Service Department

4. Working with the District's Business Manager and Food Service Clerk to implement and monitor sound program accounting practices, appropriate and lawful purchasing and procurement procedures, and program and financial reporting.
5. Arranging for and monitoring the completion of training received by the District's food service employees, including training related to food safety and the District's civil rights obligations.
6. Ensuring the proper dissemination and processing of free and reduced price meal applications and establishing standards and procedures to ensure the appropriate confidentiality of application information and eligibility status.
7. Ensuring that students who participate in the free or reduced price meals program are not overtly identified, distinguished, or served differently than other students, and have the same choice of meals or milk as other students.
8. Working with individual students and their parents or guardians and school to address special dietary needs.
9. Arranging for and verifying that the District issues and provides required public notices related to the District's food service program. Such notices include (1) the District's annual public release (i.e., the notice of program availability, eligibility requirements, application information, and applicant/participant rights, complaint procedures, etc.); (2) the distribution of information letters to households with children attending schools in the District; (3) the appropriate posting of the most recent food safety inspection report; (4) the appropriate posting of the mandatory federal nondiscrimination poster; and (5) the inclusion of the mandatory nondiscrimination statement in appropriate publications, documents, and other informational sources.
10. Establishing a system to collect and report program ethnic and racial data on an annual basis.

District Nondiscrimination Statement and District Complaint Information

The District prohibits all forms of unlawful discrimination in conjunction with all elements of its food service program. In connection with students, no student shall be unlawfully denied access to or the rights and benefits of the food service program or otherwise unlawfully discriminated against because of a student's sex, race, religion, color, national origin, age, ancestry, creed, pregnancy, marital or parental status, sexual orientation, physical, mental, emotional or learning disability, or any other legally-protected status or classification. Student discrimination complaints may be filed in accordance with the District's student discrimination complaint procedures.

Employee complaints shall be processed using the District's employment discrimination complaint procedures and all other complaints shall be processed using the District's student nondiscrimination complaint procedures. Additional Information about District discrimination complaint procedures can be obtained from the Office of the District Administrator or from any of the individuals identified for handling discrimination complaints in the District's nondiscrimination policies.

As required by federal law, all complaints filed involving the District's food service program shall additionally be forwarded to either the Wisconsin Department of Public Instruction (DPI) or the U.S. Department of Agriculture (USDA) within three days of receipt and shall be documented using the applicable USDA Civil Rights Complaint Form and recorded in the District's Civil Rights complaint log.

Discrimination complaints regarding the District's food service program may also be submitted directly to the USDA, as provided below, or directly to the DPI as follows: Wisconsin DPI: Director, Community Nutrition Programs, 125 South Webster Street, P.O. Box 7841, Madison, WI 53707-7841, (608) 267-9129.

USDA Nondiscrimination Statement and Complaint Information

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If an individual wishes to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. Individuals may also write a letter containing all of the information requested in the form. Send the completed complaint form or letter to the USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Legal References:

Wisconsin Statutes

- | | |
|-----------------------------------|--|
| <u>Sections 115.34 to 115.347</u> | [school nutrition programs generally] |
| <u>Section 118.13</u> | [student nondiscrimination] |
| <u>Section 120.10(16)</u> | [annual meeting authority to direct the board to provide student lunches] |
| <u>Section 120.13(10)</u> | [authority to expend funds for a food service program and to charge students and employees for such meals] |
| <u>Section 252.18</u> | [restrictions on handling foods] |

Administrative Regulations

- | | |
|----------------------|---|
| <u>PI 9.03(1)(i)</u> | [policy requirement to address nondiscrimination in relationship to school-sponsored food service programs] |
|----------------------|---|

Federal Laws

National School Lunch Act, as amended [school lunch program provisions and requirements]
Child Nutrition Act, as amended [school breakfast and special milk program provisions and requirements]

Cross References:

Annual Food Service Program Contract
Policy AC – Discrimination Complaint Procedure
Policy ACB – Nondiscrimination on the Basis of Handicap
Policy DA – Fiscal Management Goals
Policy GBAC – Harassment Policy
Policy JFF – Student Harassment
Administrative Rule JFF – Student Harassment
Policy JN – Student Fees
Policy MA – Nutrition and Wellness

Revision: June 3, 2019

Revision: December 16, 2015

Adoption Date: November 10, 2014

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS for 2020-21 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 School District of Florence County. 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 Holly Krueger, 715-528-3262, kruegerh@myflorence.org.

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 grades 12 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 in household 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.

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 or check "No" 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 in 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 or reduced price 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" (listed as "net pay" on paycheck stub) 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.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- 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/SSI/VA benefits. 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/Social Security/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: The School District of Florence County, PO Box 440, Florence, WI 54121 Attn: Holly Krueger

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.

2020-2021 Household Application for Free and Reduced Price School Meals

Complete one application per household. Use a 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	Grade	School the child attends or NA if not in school	Homeless, Foster Child, Migrant, Runaway Start
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Check all that apply

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

Case Number Program Name (Required)

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). Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to STEP 2)

Medicaid and Badger Care do not qualify. 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 Monthly 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)	Earnings from Work		D. Public Assistance/Alimony/SSI/VA Benefit		E. Pensions/Retirement/Social Security/Other Income		F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.	
	Weekly	2x Monthly	Weekly	2x Monthly	Weekly	2x Monthly	Weekly	2x Monthly
	<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="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="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

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

STEP 4 Contact information and adult signature Return completed form to your school.

PO Box 440 Florence WI 54121 Attn: Holly Krueger

"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.

INSTRUCTIONS

Source of Income

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	- A child is blind or disabled and receives Social Security benefits
- Disability payments	- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's benefits	- A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

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 Schedule 1 or line 34 from Schedule F; BUSINESS —refer to line 12 of Schedule 1 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, audiolape, 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. Return this complete application to your school, not to 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

Weekly	Bi-Weekly	2x Month	Monthly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often?

Household Size

Eligibility

Free	Reduced	Denied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Denied
 Mo./Day/Yr.

Reason for Denial or Withdrawal

Determining Official's Signature

Date Mo./Day/Yr.

Confirming Official's Signature

Date Mo./Day/Yr.

Verifying Official's Signature

Date Mo./Day/Yr.

Required for Verification process only

Required for Verification process only

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS FOR SCHOOL YEAR 2020-21

Dear Parent/Guardian:

Children need healthy meals to learn. The School District of Florence County offers healthy meals every school day. Breakfast costs \$1.60; lunch costs \$2.80 for 4K-6th grades, and \$3.05 for 7th-12th grades. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.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, when listed on the application.
- 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 meals if your household’s income is at or below the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2020-2021			
Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

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 or e-mail Brandon Jerue, 715-528-3262, jerueb@myflorence.org.
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. Return the completed application to: School District of Florence County, PO Box 440, Florence, WI, 54121 Attn: Holly Krueger.
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? Please read the letter you received carefully and follow the instructions. If your letter indicated you qualify for free meals, then no application is needed. If any children in your household were missing from your eligibility notification, contact Holly Krueger, 715-528-3262, kruegerh@myflorence.org immediately. If your household was notified it qualified for reduced price 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. 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 9, 2020, or when a new eligibility is determined. You must submit a new application unless the school told you that your child is eligible for the new school year. If you do not submit 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.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals, but it is based on income. Please submit an application.
8. 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 household income and income size. Please submit an application to determine if your household qualifies.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
10. 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 or experience a financial hardship may become eligible for free and reduced price meals if the household income drops below the income limit.
11. 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 or writing to: BEN NIEHAUS, SCHOOL DISTRICT OF FLORENCE COUNTY, PO BOX 440, FLORENCE, WI 54121, niehausb@myflorence.org, 715-528-3262.
12. 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.
13. 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.
14. 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.
15. 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.
16. 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.
17. 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.

If you have other questions or need help, call 715-528-3262, EXTENSION 1600.

Sincerely,

Holly Krueger