

Apply online at: [Your Skyward Family Access Portal](#).

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.

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	Check all that apply			
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programs: FoodShare, W-2 Cash Benefits, or FDIPI? ☐ 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)

1000

Write only one case number in this space.

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				

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

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.				D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit				E. Pensions/Retirement/ Social Security/ Other Income				F. Income, project the annual income and report here			
	Earnings from Work				How often?				How often?				How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$								\$				\$			
	\$								\$				\$			
	\$								\$				\$			
	\$								\$				\$			
	\$								\$				\$			

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.

47050 County Rd X Soldiers Grove, WI 54655

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)		Daytime Phone and Email (optional)	
Apt #	City	State	Zip

Printed Name OR Signature of Adult Completing this application—REQUIRED

Today's Date Mo./Day/Yr

Sources of Income for Children	
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 ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Race *Check one or more* ☐ American Indian or Alaskan Native ☐ Asian

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 (FDPPIR) case number or other FDPPIR 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, audiotape, 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 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	How often?				Household Size	Categorical Eligibility	Eligibility			Date Denied	Reason for Denial or Withdrawal	
	Weekly	Bi-Weekly	2x Month	Monthly	Yearly			Free	Reduced	Denied	Mo./Day/Yr.	
	<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"/>		

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

For schools participating in CEP only:

Are all students on this application from a CEP school? Yes ☐ No ☐

If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.



TROJANS

North Crawford School District

47050 County Road X, Soldiers Grove, WI 54655

Fax: 608.735.4317

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the Elementary/Junior High School and High School Office Secretaries. The fees that may be waived are:

- ☐ Locker
- ☐ Athletic
- ☐ Field Trip

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Angela Redman at 608.735.4318 or e-mail at aredman@ncrawford.k12.wi.us. Return this form to: Angela Redman, 47050 County Road X, Soldiers Grove, WI 54655.