

**2020-2021 Kansasville Household Application for Reduced (\$1.35) Lunch**

Apply online at: Schools insert link to your online application, if applicable, or delete.

Complete one application per household. Please 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	Foster Child	Homeless, Migrant, Runaway	Head Start
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Kansasville School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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 & Badger Care does 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

**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.*

**INSTRUCTIONS**

**Source of Income**

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

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>- Gross salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business); <b>FARM</b>—refer to line 18 of the 1040 or line 34 from Schedule F; <b>BUSINESS</b>—refer to line 12 of 1040 or line 31 from Schedule C.</li> </ul> If you are in the U.S. Military: <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

**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

**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		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Determining Official's Signature	Date Mo./Day/Yr.		Confirming Official's Signature		Date Mo./Day/Yr.		Verifying Official's Signature		Date Mo./Day/Yr.			
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
<small>Required for Verification process only</small>												

