

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Amy Morrelle at Bethlehem Lutheran School by email at amy.morrelle@ourbethlehem.com.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP A: 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 age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending any Sheboygan area school, regardless of age.

<p>1) List each child's name. Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. Is the child a student at Bethlehem Lutheran School? Circle "S" for Student and "O" for Other children that are not students to indicate the child's role in the household.</p>	<p>2) For each student in the household, enter the name of the school and the student's current grade.</p>	<p>3) If applicable, please circle if a Child/Student is Homeless (H), Migrant (M), Runaway (R) or Foster (F) Foster children who live with you may count as members of your household and should be listed on your application.</p>	<p>4) Report all income earned or received by children. Report the combined gross income for ALL children listed in your household in the box marked "Child Income." Only count foster children's 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.</p>
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STEP B: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FNS, WORK FIRST CASH ASSISTANCE/TANF, OR FDPPIR?

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:

- Food and Nutrition Services (FNS formerly Food Stamps).
- Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF).
- The Food Distribution Program on Indian Reservations (FDPPIR).

1) If no one in your household participates in any of the above listed programs:

- Leave STEP B blank and go to STEP C.

2) If anyone in your household participates in any of the above listed programs:

- Write a case number for FNS, Work First Cash Assistance/TANF, or FDPPIR. 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 local agency.
- Go to STEP E.

STEP C: REPORT INCOME FOR ALL ADULT HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," 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" 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.
- 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.
- Circle how often each type of income is received using the frequency to the right of each field.

Who should I list here?

- 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 A.**

<p>1) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP A.</p>	<p>2) Report earnings from work. Report all income 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. <i>What if I am self-employed?</i> 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.</p>	<p>3) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> 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.</p>	<p>4) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.</p>
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STEP D: REPORT HOUSEHOLD TOTAL AND SOCIAL SECURITY NUMBER

- 1) 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 A** and **STEP C**. 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.
- 2) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "I do not have a Social Security Number."

STEP E: ATTESTATION - CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. 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.

<p>1) Provide your contact information. Write your current address on the line 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.</p>	<p>2) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Head of Household Signature."</p>	<p>3) Write today's date. In the space provided, write today's date in the box.</p>
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STEP F: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (Optional) share children's racial and ethnic identities. 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.

Sources of Income for CHILDREN/STUDENTS

Sources of Income	Examples
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Social Security -Disability Payments -Survivor's Benefits 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity or trust

Sources of Income for ADULTS

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (does NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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

Income Frequency

Weekly = Once per week Bi-Weekly = Every two (2) weeks
 Monthly = Once per month Bi-Monthly = Twice per month
 Annually = Total salary per year

Please Mail this application to: **BETHLEHEM LUTHERAN SCHOOL**
1121 Georgia Ave., Sheboygan WI, 53081

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 (FDPRI) case number or other FPIR 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.

USDA Non-Discrimination Statement

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 in any program or 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.

A. CHILDREN and STUDENT Household Members

1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.
 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.

First MI Last	Circle One:	School Name	Grade	If applicable, please CIRCLE if a CHILD/STUDENT is:	CHILD/STUDENT INCOME Earnings from Work	CHILD/STUDENT INCOME from ALL OTHER Sources	B. Assistance Programs
	S O			Homeless Migrant Runaway Foster	GROSS Income	Income	Do only Household members (including you) currently participate in one or more of the following assistance programs: FNS, WorkFirst/TANF, or FDIPI? <input type="checkbox"/> NO <input type="checkbox"/> YES
	S O				CIRCLE Frequency	CIRCLE Frequency	If "YES" please provide a case number (only one) Case Number: Then SKIP TO SECTION E.
	S O				Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	
	S O				Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	
	S O				Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	
	S O				Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	
	S O				Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	

NOTE: For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency see the charts on page 2 (or reverse side) of this application.

C. ADULT Household Members

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of GROSS income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report. 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on "Sources of Income for ADULTS" and Income Frequency chart on page 2 (or reverse side) of this application.

LAST NAME (even if they do not receive income).	GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency
Head of Household	\$	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly

E. Attestation: An adult household Member must sign the application. 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 prosecution 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 child(ren) may lose meal benefits and I may be Head of Household Signature: _____ Today's Date: _____ Email: _____ Address: _____
 Printed Name: _____ Contact Number: _____ City: _____ State: _____ Zip Code: _____

D. Household Total and Social Security Number (SSN)
 ENTER Total Number of Household Members (Children and Adults) HERE: _____
 ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earner ONLY): _____
 I do not have a Social Security Number

F. Child(ren)'s Ethnic and Racial Identities (Optional)
 SELECT one ethnicity:
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 SELECT one or more (regardless of ethnicity):
 Hispanic or Latino
 Not Hispanic or Latino

Eligibility Determination:
 Categorical Eligibility Free Reduced Denied
 Reason for Denial of Eligibility: _____

Income Conversion
 NOTE: If there are multiple income sources with more than one frequency, the SFA must annualize all income by multiplying:
 Weekly (x52) Bi-weekly (x26) Monthly (x12) Bi-monthly (x24) Annually

Total Household Members: _____ **Total Household Income:** _____
 For Office Use Only

Determining Official's Signature & Date: _____
 Confirming Official's Signature & Date: _____
 Verifying Official's Signature & Date: _____