
FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION AND VERIFICATION FORMS

SCHOOL YEAR 2011-2012

INSTRUCTIONS FOR SCHOOL FOOD AUTHORITIES

This packet contains prototype forms:

Required information that *must* be provided to all households:

- Letter to Households
- Free and Reduced Price School Meals Application
- Notice to Households of Approval/Denial of Benefits¹ (notification is required if household is denied)

Required information for households selected for verification of eligibility information:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results

Optional application-related materials that *may* be provided to households:

- Sharing Information with Medicaid/BadgerCare
- Sharing Information with Other Programs
- Notice to Households of Approval/Denial of Benefits¹ (notification is optional if household is approved)
- Notice of Direct Certification

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. The **[bold, bracketed fields]** indicate where you need to insert school agency specific information. For example, you must include your agency's no-charge telephone number for verification assistance on the verification materials. Verification is a separate process. Do not include this form with the application materials. These materials have been modified to include Wisconsin's name for the Supplemental Nutrition Assistance Program (SNAP), which is FoodShare, Temporary Assistance to Needy Families (TANF), which is W-2 Cash Benefits, and State Children's Health Insurance Program (SCHIP), which is BadgerCare and Food Distribution Program on Indian Reservations (FDPIR). This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school agency, please modify as appropriate.

If you make additional changes, you must submit your application package to the Department of Public Instruction's School Nutrition Team for approval prior to printing and distributing. If you have questions, contact:

Department of Public Instruction
School Nutrition Team
125 S. Webster Street
PO Box 7841
Madison, WI 53707-7841
608-267-9228

¹All households must be notified of their eligibility status. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, instruction on how to appeal, and a statement that the family may re-apply for free and reduced price meal benefits at any time during the school year. Households with children who are approved for free or reduced price benefits may be notified in writing or orally.

BARNEVELD SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. The **Barneveld School District** offers healthy meals every school day. Lunch costs **[\$2.30/\$2.55]**. Your children may qualify for free meals or for reduced price meals. Reduced price is **[\$.40]** for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *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: **Barneveld School District, 105 W. Douglas Street, Barneveld, WI 53507**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR) or W-2 Cash Benefits, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Joe Bertone, District Administrator, 608-924-4711**, jbortone@baraneveld.k12.wi.us to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Eligibility Guidelines, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter carefully and follow the instructions. Call the school at **608-924-4711** if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
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 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: **Joe Bertone, District Administrator, 205 W. Douglas Street, Barneveld, WI 53507, 608-924-4711**, jbortone@baraneveld.k12.wi.us

Free and Reduced Price School Meal Application

School Year 2011-2012

Letter to Families

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12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. 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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.
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 **608-924-4711**.

*Si necesita ayuda, por favor llame al teléfono: **608-924-4711**.*

*Si vous voudriez d'aide, contactez nous au numero: **608-924-4711**.*

Sincerely,

Joe Bertone, District Administrator

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (**a household member is any child or adult living with you**): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If anyone in your household receives benefits from **FoodShare, W-2 Cash Benefits, or the Food Distribution Program on Indian Reservations (FDPIR)**, follow these instructions.

Part 2: List the case number for one household member (adult or child) who receives **FoodShare** or **W-2 Cash Benefits** or **FDPIR** benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. You do **not** need to provide the last four digits of your Social Security Number.

Part 6: This question is optional. You can choose whether or not to provide ethnic and racial data.

If you are applying for a child who is **homeless, a migrant or runaway**, follow these instructions.

Part 2: Skip this part.

Part 3: Check the appropriate category and call **[your school, homeless liaison, migrant coordinator]**.

Part 4: Skip this part.

Part 5: Sign the form. You do **not** need to provide the last four digits of your Social Security Number.

Part 6: This question is optional. You can choose whether or not to provide ethnic and racial data.

If you are applying for **only foster child(ren)**, follow these instructions. You do **not** need to fill out a separate application for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If all children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. You do **not** need to provide the last four digits of your Social Security Number.

Part 6: This question is optional. You can choose whether or not to provide ethnic and racial data.

ALL OTHER HOUSEHOLDS, including WIC households and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Joe Bertone, District Administrator, 608-924-4711, jbertone@baraneveld.k12.wi.us** If not, skip this part.

Part 4: Follow these instructions to report total household income from **this month or last month**.

- **Section 1–Name:** List all household members who have income.
- **Section 2 –Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, monthly, quarterly, or annually. Do not include income from FoodShare, FDPIR, WIC, Federal education benefits and foster payments received by your family from the placing agency.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: An adult household member must sign the form and list the last four digits of their Social Security Number (or write "none" if s/he doesn't have one). Writing "none" does **not** prevent your child(ren) from qualifying to receive free or reduced priced meals.

Part 6: This question is optional. You can choose whether or not to provide ethnic and racial data.

Free and Reduced Price School Meal Application

School Year 2011-2012

Instructions for Applying

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FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS				
Names of all people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade	Check if a foster child (legal responsibility of welfare agency or court) If all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
			<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"/>

PART 2. BENEFITS
If any member of your household receives FoodShare, FDPIR or W-2 Cash Benefits , provide the name and case number for the person who receives benefits and skip to part 5 . If no one receives these benefits, go to Part 3. NAME: _____ CASE NUMBER: _____

PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS
If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>

PART 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / <u>quarterly</u>
	\$	<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"/>	\$	<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"/>	\$ / _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)
An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or write "none" if you do not have a Social Security Number. (See Privacy Act Statement on the back of this page.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. Sign here: _____ Print name: _____ Date: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Cell Phone Number: _____ Last four digits of Social Security Number (Write "None" if you do not have a Social Security Number): * * * - * * - _ _ _ _

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)	
Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___

Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

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 FoodShare, W-2 Cash Benefits 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.

Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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.

SHARING INFORMATION WITH MEDICAID/BADGERCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and BadgerCare that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or BadgerCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (BadgerCare).

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

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 **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

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 **[name of program specific to your school]**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)][is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM FOODSHARE, W-2 CASH BENEFITS OR FDPIR WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- FoodShare or W-2 Cash Benefits or FDPIR Certification Notice that shows dates of certification.
- Letter from FoodShare or W-2 Cash Benefits or FDPIR office that shows dates of certification.
- Do not send your EBT (QUEST) card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT **[school, homeless liaison, or migrant coordinator]** FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES FoodShare or W-2 Cash Benefits or FDPIR benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address]**

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

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Notice of Selection for Verification

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UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the local W-2 Cash Benefits office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at **[e-mail address]**.

Sincerely,

[signature]

Privacy Act Statement: 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. 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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.

WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household received FoodShare or W-2 Cash Benefits benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received FoodShare or W-2 Cash Benefits or FDPIR benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name], [address], [phone number], or [e-mail]**.

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

Your application was:

- Approved for free meals
- Approved for reduced price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks
- Approved for **temporary** free _____ or reduced-price _____ meal benefits only until **[insert date]**. A follow-up contact will be made on/before the date listed to determine whether household circumstances support continuing these benefits.
- Approved for free milk for split - session kindergarten or pre - kindergarten students (Special Milk Program)
- Approved for free milk at milk break for pre - kindergarten through grade 5 (Wisconsin School Day Milk Program)
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[e-mail address]**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL _____

Sincerely,

[signature]

Name	Title	Date
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Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."

NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive FoodShare or W-2 Cash Benefits.

Name of Child	Name of School

If there are other children in your household who aren't listed above, **they also qualify for free meals.**

Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school
- You do not want your children to have free meals
- You have any additional questions

Joe Bertone, District Administrator, 608-924-4711, jbertone@baraneveld.k12.wi.us

If you do not want your child to receive these meal benefits, please fill out, detach, and return the statement below to this office.

Date: _____

I do not want my child _____ to receive free meals.

(Child's Name)

Signature of Parent or Guardian _____

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