## 2017-2018 Household Application for Free and Reduced Price School Meals

Apply online at: (N/A).

## 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.

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G. Total Household Members (Children and Adults)—																																															
STEP 4 Contact information and adult signature Return completed form to: Pewaukee School District, 404 Lake Street, Pewaukee WI 53072																																															
"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."																																															
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Street Addre	ess (if a	vailable	e)								Apt #	¥			L	City									S	tate		L	Zip					D	aytin	ne Ph	one a	and E	Email	(optio	nal)						

## INSTRUCTIONS Source of Income

Source	s of Income for Children	Sourc	es of Income for Adult	S		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Gross salary, wages, cash bonuses	- Unemployment benefits - Worker's compensation	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>		
<ul> <li>Social Security</li> <li>Disability payments</li> <li>Survivor's benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	<ul> <li>Net income from self-employment (farm or business); FARM—refer to line 18 of the 1040 or line 34 from Schedule F; BUSINESS—refer to line 12 of 1040 or line 31 from Schedule C.</li> </ul>	<ul> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> </ul>	<ul> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> </ul>		
<ul> <li>Income from person outside the household</li> </ul>	- A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT	<ul><li>Alimony payments</li><li>Child support payments</li></ul>	- Annuities - Investment income - Earned interest		
<ul> <li>Income from any other source</li> </ul>	<ul> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>	<ul> <li>include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <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       Image: Hispanic or Latino       Image: Not Hispanic or Latino         Race Check one or more       Image: American Indian or Alaskan Native       Image: Asian	Black or African American Native Hawaiian or Other Pacific Islander White							
The <b>Richard B. Russell National School Lunch Act</b> 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.	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							
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.	Fax: (202) 690-7442; or Email: program.intake@usda.gov. This institution is an equal opportunity provider.							
Do not fill out	n: Weakly x 52, Bi Weakly (Eveny 2 Weake) x 26, Twice a Menth x 24, Menthly x 12							

Por School Use Only	Annual income Conversion. Weekly x 52		
How often?           Total Income         Weekly         Bi-Weekly         2x Month         Monthly         Ye	Household Categorical Arty Size Eligibility	Eligibility         Free       Reduced       Denied       Date Denied       Reason for Denial or Withdraw         Image: Constraint of the second sec	val
Determining Official's Signature Date Mo./Day/Yr.	Confirming Official's Signature	Date Mo./Day/Yr.     Verifying Official's Signature	Date Mo./Day/Yr.
If YES, the processing		YES NO NO He nonprofit school food service account. Only non-CEP applications are used for se the Certification and Benefit Issuance portion of the Administrative Review.	electing the verification