2019-2020 Household Application for Free and Reduced Price School Meals

Apply online at: www.suring.k12.wi.us.

Complete one application per household. Use a pen not a pencil.

STEP 1	List	t AL	L in	fan	ts, c	hilc	lren	, an	nd s	tud	ent	s up	to	and	incl	ludi	ng ថ្	grad	le 1	2 w	/ho	are	Ho	use	holc	d Me	emk	bers		lf mo	re sp	aces	are	requi	red fo	or ad	dition	ial na	ames	, atta	ch ano	ther s	heet	of pap	ber.
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."																																													
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List all Hou	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)																																												
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STEP 4 Contact information and adult signature Return completed form to your school. P.O. Box 158 Suring, WI 54174																																													
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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	s of Income for Children	Sources of Income for Adults								
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	Social Security (including railroad retirement and black lung benefits)						
 Social Security Disability payments 	 A child is blind or disabled and receives Social Security benefits 	 Net income from self-employment (farm or business); FARM—refer to line 18 of Schedule 1 or line 34 from Schedule F; 	 Supplemental Security Income (SSI) 	 Private pensions or disability benefits Regular income from trusts or estates 						
–Survivor's benefits	 A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	BUSINESS —refer to line 12 of Schedule 1 or line 31 from Schedule C.	 Cash assistance from State or local government Alimony payments 	 Annuities Investment income Earned interest 						
 Income from person outside the household 	 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 include combat pay, FSSA or privatized	 Annony payments Child support payments Veteran's benefits 	 Rental income Regular cash payments from outside 						
- Income from any other source	 A child receives regular income from a private pension fund, annuity, or trust 	 Allowances for off-base housing, food and clothing 	– Strike benefits	household						

OPTIONAL Children's Racial and Ethnic Identities

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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 Race Check one or more	Hispanic or Latino Not	Hispanic or Latino	Black or	African American	Native Hawai	ian or Other Pacific Islander	White					
not have to give the informat meals. You must include the signs the application. The las behalf of a foster child or you Assistance for Needy Famili (FDPIR) case number or oth	tional School Lunch Act requires the information tion, but if you do not, we cannot approve your ch last four digits of the social security number of the act t four digits of the social security number is not re- u list a Supplemental Nutrition Assistance Program es (TANF) Program or Food Distribution Program ther FDPIR identifier for your child or when you ind the application does not have a social security nu	ild for free or reduced price dult household member who quired when you apply on n (SNAP), Temporary on Indian Reservations icate that the adult	print, au benefits. Relay S English. To file a found on	Persons with disabilities who require alternative means of communication for program information (e.g. Braille, Iar print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied f benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the F Relay Service at (800) 877-8339. Additionally, program information may be made available in languages oth English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-30 found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter address								
	our child is eligible for free or reduced price meals d breakfast programs. We MAY share your eligibi			nd provide in the letter all of the 2-9992. Submit your comple		in the form. To request a copy of the A by:	complaint form, call					
education, health, and nutriti	ion programs to help them evaluate, fund, or dete am reviews, and law enforcement officials to help	rmine benefits for their		U.S. Department of Agricult Office of the Assistant Secret 1400 Independence Avenue	20250-9410							
regulations and policies, the or administering USDA prog	ivil rights law and U.S. Department of Agriculture (USDA, its Agencies, offices, and employees, and rams are prohibited from discriminating based on al or retaliation for prior civil rights activity conduction	institutions participating in race, color, national origin,		(202) 690-7442; or program.intake@usda.gov. itution is an equal opportunity	<i>r</i> provider.							
				ive address is for discrimin this complete application to								
Do not fill out	For School Use Only	Annual Income Conversion	: Weekly x 52, Bi-	weekly (Every 2 Weeks) x 2	6, Twice a Month x 24,	Monthly x 12						
Total Income	How often? Weekly Bi-Weekly 2x Month Monthly Yearly Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3"		ategorical Eligibility	Eligibility Free Reduced Denied Image: Constraint of the second	Date Denied <i>Mo/Day/Yr.</i>	Reason for Denial or Withdrav	val					
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