

Dear Parent/Guardian:

Children need healthy meals to learn. **School District of Chilton** offers healthy meals every school day. Breakfast costs **\$1.45 for students K - 12**; lunch costs **\$2.30 for students K - 4; \$2.45 for students 5 - 8 and \$2.55 for students 9 - 12**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** 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: **Sally Bell, 530 West Main Street; Chilton WI 53014; 920-849-2684.**
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.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the NOTICE OF DIRECT CERTIFICATION letter you received.

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. More information can be found at http://fns.dpi.wi.gov/fns_fincou1#fckc under "Eligibility Benefits for Students in Foster Care, Kinship Care, and Chips.
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 **School District of Chilton, Mrs. Amber Popp**, to see if they qualify.
5. CAN CHILDREN ENROLLED IN A HEAD START PROGRAM RECEIVE FREE MEALS? Yes, children who are enrolled in a Federally-funded Head Start Program, or a comparable State-funded Head Start Program or pre-kindergarten program using identical or more stringent eligibility criteria than the Federal Head Start Program or an Even Start Program.
6. 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.
7. 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 **920-849-2684** if you have questions.
8. 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.

**Free and Reduced Price School Meal
Application**

School Year 2014-15
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9. 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.
10. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
11. 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.
12. 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: **Dr. Claire Martin, 530 West Main Street; Chilton WI 53014; 920-849-8109; martinc@chilton.k12.wi.us.**
13. 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.
14. 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.
15. 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.
16. 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.
17. 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 child's school for more information.
18. 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 **920-849-2684**.

Sincerely,

Mrs. Sally Bell
Registrar

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INSTRUCTIONS FOR APPLYING

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 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends.

Part 2: List the case number and the name of the household member (adult or child) who receives **FoodShare, W-2 Cash Benefits, or FDPIR** benefits and which program the benefits are from.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of your Social Security Number are not necessary.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If no one in your household gets FoodShare, W-2 Cash Benefits, or FDPIR benefits and if any child in your household is **homeless, a migrant, or runaway, or enrolled in a Head Start Program**, follow these instructions.

Part 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. If any child you are applying for is homeless, migrant, runaway, or enrolled in a Head Start Program, check the appropriate box and call **Mrs. Amber Popp, homeless liaison**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households below.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If **all** of the children in the household are foster children, follow these instructions. You do **not** need to fill out a separate application for each foster child in your household.

Part 1: If **all children in the household are foster children**, list all foster children and the name of the school each child attends. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If **some** of the children in the household are foster children, follow these instructions.

Part 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, or runaway, or enrolled in a Head Start Program, check the appropriate box and if you have questions, call **School District of Chilton, Mrs. Amber Popp, homeless coordinator**.

Part 2: Skip this part

Part 3: Complete only if a child in your household isn't eligible under Part 1. **See instructions under Part 3 for All Other Households below.**

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. If any child you are applying for is homeless, migrant, or runaway, or enrolled in a Head Start Program, check the appropriate box and if you have questions, call your school.

Part 2: Skip this part.

Part 3: 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 listed in Part 1. 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 benefits, 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. For the self-employed ONLY: under Earnings from Work, report income after expenses. This is for your business, farm, or rental property.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

Turn the form in to your school.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS							
Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Place a check in the box below if the child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, migrant, runaway, or Head Start child, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

PART 2. BENEFITS	
<p>If any member of your household receives FoodShare, FDPIR, or W-2 Cash Benefits, provide the name of the household member, the program name, and case number (not a Quest Card number) for the person who receives benefits and skip to part 4. If no one receives these benefits, go to Part 3.</p>	
NAME: _____	PROGRAM NAME: _____
CASE NUMBER: _____	

PART 3. 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	X				\$150		X			\$0					\$50 quarterly
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (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. I understand my child's eligibility information may be shared as allowed by law.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____ Cell Phone Number: _____

Last four digits of Social Security Number : * * * - * * - ____ _ I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

<i>Choose one ethnicity:</i>	<i>Choose one or more (regardless of ethnicity):</i>
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<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: _____

Categorically Eligible: _____ Income Eligibility: Free ___ Reduced ___ Denied ___

Date Withdrawn: _____ Reason for denial or withdrawal: _____

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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	\$7,511	\$626	\$145

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing 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 and 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 **Sally Bell** at **920-849-2684** or e-mail at **bells@chilton.k12.wi.us**.

Return this form to: **Sally Bell**.

ATHLETIC CONTINGENCY FUND APPLICATION

Dear Parent or Guardian:

The Chilton Booster Club (CBC) has provided funds to the Chilton Public Schools for families who qualify for free and reduced lunch.

The purpose of the fund is to provide athletic fees and/or required athletic equipment for Chilton High School and Chilton Middle School sanctioned sports.

Parents/Guardians are able to apply for a maximum of \$50 per child or \$100 per family each year. **YOU MUST APPLY SEASONLY FOR EACH SPORT.**

A receipt for the purchased equipment **MUST** be returned to the Chilton High School or Chilton Middle School office. Failure to provide a receipt will result in denial of future fund requests.

If you have any questions, please contact Mr. Behnke, Athletic Director at 920.849.4319.

NAME	SPORT	REQUIRED EQUIPMENT

I have read and understand the application process and the requirements for obtaining equipment.

Printed Name: _____

Signature: _____

Date: _____

For Office Use Only

Administrator Signature: _____ Approved: Yes No

Amount Approved: \$ _____

Forward to Business Manager for payment and processing.