

2021-2022 Application for Free and Reduced Price School Meals

Waunakee Community School District 2021-2022

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members

If more spaces are required for additional names, attach another sheet of paper.

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	School the Child Attends or NA if not in school	Homeless, Migrant, Runaway	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Provide the Last 4 digits of Your Social Security Number

Enter Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

<input type="text"/>					
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Check if no SSN

STEP 3 Report Income for ALL household members. If your household receives FoodShare, W-2 Cash Benefits, Medicaid or participates in FDPIR, you may opt to provide documentation verifying this & skip the income portion. Documentation is subject to approval & must be dated within the last 6 months.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children and students listed in STEP 1.

Child income \$

How often?			
Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

F. Special Situations
Seasonal Workers, Annual contract paid over a shorter period of time (school employees), fluctuating income. Annualize income and report here.

Name of Adult Household Members (First and Last)	C. Earnings from Work	How often?				D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefits	How often?				E. Pensions/Retirement/ Social Security, Other Income	How often?				F. Special Situations
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly	
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____

G. Total Household Members (Children and Adults)

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult completing the form	Signature of adult completing the form		Today's date	



Dear Parent/Guardian:

The free or reduced lunch status of your child(ren) may qualify you for other school district and/or community based programs and services. In order to be considered, we need your permission to access and use the information you provided on the Free and Reduced Price School Meals Application. **This is not an automatic waiver; you must complete the form annually to be considered for eligibility.**

I release my free/reduced status to school district personnel for school district fee reduction/waiver including but not limited to:

- *Field Trips
- *Student athletic fees
- *School supply fees
- *Summer school fees (including Community Ed and swimming)
- *School dance tickets

YES

NO

I release my free/reduced lunch status to community based organizations so that I may receive information about programs that might assist my student/family including but not limited to:

- *School supplies
- *Holiday gift drive
- *Dental programs
- *Meal/food programs

YES

NO

If you checked yes to any or both of the boxes above, fill out the form below to ensure that your information is shared.

Child's Name: _____ School: _____

_____ Child's Name: _____

School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Printed Name of Parent/Guardian:

_____ Signature of Parent/

Guardian: _____ Date: _____

Please return form to:
Waunakee Community School District
attn: Jessica Dargenio
101 School Drive
Waunakee, WI 53597