

2021-2022 Household Application for Free and Reduced Price School Meals

Apply online at: N/A

ASM-01 Complete one application per household. Use a pen (not a pencil).

For the Seamless Summer Option (SSO) and 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.

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

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

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

Child's First Name	MI	Child's Last Name	Grade	School the child attends or	Check all that apply
					<input type="checkbox"/> Homeless, Head Start <input type="checkbox"/> Foster Child <input type="checkbox"/> Migrant, Runaway
					<input type="checkbox"/> Yes / <input type="checkbox"/> No

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDIPIR?

Case Number

Program Name Required

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space.

Medicaid and Badger Care do not qualify

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Flip the page and review the charts titled "Sources of Income" for more information.

Child Income	\$			How often?
	Weekly	Bi-weekly	2x Month	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children, and students up to and including grade 12 listed in STEP 1 here.

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) for each source in whole dollars only (no cents). 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.

Name of Adult Household Member (First and Last Name)	C. Earnings from Work				D. Public Assistance/ Child Support/ Alimony/SSVA Benefit				E. Pensions/Retirement/ Social Security/ Other Income				F. Seasonal Workers, and others with fluctuating income, project the annual income and report here			
	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly
	\$				\$				\$				\$			
	\$				\$				\$				\$			
	\$				\$				\$				\$			
	\$				\$				\$				\$			
	\$				\$				\$				\$			
	\$				\$				\$				\$			

G. Total Household Members (Children and Adults)—REQUIRED

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member—REQUIRED or Check box if no SSN

X X X X

Check box, if no SSN

STEP 4 Contact information and adult signature Return completed form to your

Insert your school district mailing address here

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.

Street Address (if available) _____ Apt # _____ City _____ State _____ ZIP _____

Daytime Phone and Email (optional) _____

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 of Child Income	Example(s)
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability payments	- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's benefits	- A friend or extended family member regularly gives the household a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business); FARM—refer to line 18 of Schedule 1 or line 34 from Schedule F; BUSINESS—refer to line 12 of Schedule 1 or line 31 from Schedule C.	- Worker's compensation	- Private pensions or disability benefits
- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Allowances for off-base housing, food and clothing	- Cash assistance from State or local government	- Annuities
	- Alimony payments	- Investment income
	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- Regular cash payments from outside household

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 Hispanic or Latino Not Hispanic or Latino

Race Check one or more American Indian or Alaska Native Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

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 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.

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.

This institution is an equal opportunity provider.
 The above address is for discrimination complaint purposes only.
 Return this complete application to your school, not USDA.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?				Household Size	Categorical Eligibility	Eligibility			Date Denied Mo./Day/Yr.	Reason for Denial or Withdrawal
	Weekly	Bi-Weekly	2x/Month	Monthly			Yearly	Free	Reduced		

Determining Official's Signature _____ Date Mo./Day/Yr. _____

Confirming Official's Signature _____ Date Mo./Day/Yr. _____

Verifying Official's Signature _____ Date Mo./Day/Yr. _____

Required for Verification process only

Required for Verification process only