# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS for 2019-20 School Year

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, <u>even if your children attend more than one school in Regis Catholic Schools</u>. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order. If at any time you are not sure what to do next, please contact: Teresa Culbert 1-715-832-4623 or email tculbert@regiscatholic schools.com

If your child attends a Community Eligibility Provision School (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

#### PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children grades 12 or under AND are supported with the household's income; and
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth, or enrolled in a Head Start program.

| A) List each child's name. Print each child's    | B) Enter the grade and the name    | C) Do you have any foster children? If any children        | D) Are any children homeless, migrant,      |
|--|------------------------------------|--|---|
| name. Use one line of the application for each   | of the school the child attends or | listed are foster children, mark the "Foster Child" box    | runaway or enrolled in a Head Start         |
| child. When printing names, write one letter in  | mark n/a if not in school.         | next to the children's names. If you are ONLY applying     | program? If you believe any child listed in |
| each box. Stop if you run out of space. If there |                                    | for foster children, after finishing STEP 1, go to STEP 4. | this section meets this description, mark   |
| are more children in household than lines on     |                                    | Foster children who live with you may count as             | the "Homeless, Migrant, Runaway or Head     |
| the application, attach a second piece of paper  |                                    | members of your household and should be listed on          | Start" box next to the child's name and     |
| with all required information for the additional |                                    | your application. If you are applying for both foster and  | complete all steps of the application.      |
| children.  |                                    | non-foster children, go to step 3.                         |   |
|  |                                    |  |   |

### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FoodShare, W-2 Cash Benefits OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare.
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits.
- The Food Distribution Program on Indian Reservations (FDPIR).

| A) If no one in your household participates in any of the |   | B) If anyone in your household participates in any of the above assistance programs:                       |  |  |
|---|---|--|--|--|
| above listed programs:                                    |   | Write a case number and name of the assistance program you or any member of the household participates for |  |  |
| • Leave STEP 2 blank or check "No" and go to STEP 3.      | FoodShare, W-2 Cash Benefits, or FDPIR. You only need to provide one case number. If you participate in |  |  |  |
|   |   | these programs and do not know your case number, contact your case worker. Medicaid and BadgerCare case    |  |  |
|   |   | numbers do NOT qualify for free or reduced price meals.  |  |  |
|   | •   | Go to STEP 4.  |  |  |

#### **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

#### How do I report my income?

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adults," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes. Many people think of income as the amount they "take home" (listed as "net pay" on paycheck stub) and not the total, "gross" amount. Make sure that the income you report on this application

| has NOT been reduced to pay for taxes, insurance premiur  | ns, or any other amounts taken f  | rom your pay.                   |  |   |  |  |  |  |  |
|---|---|---------------------------------|--|---|--|--|--|--|--|
| • Write a "0" in any fields where there is no income to report  |   |                                 |  |   |  |  |  |  |  |
| certifying (promising) that there is no income to report. If  |   | ousehold income was repor       | ted incorrec   | tly, your application will be investigated.     |  |  |  |  |  |
| Mark how often each type of income is received using the  | boxes to the right of each field.   |                                 |  |   |  |  |  |  |  |
| 3.A. REPORT INCOME EARNED BY CHILDREN   |   |                                 |  |   |  |  |  |  |  |
| A) Report all income earned or received by children. Report t   | he combined gross income for Al   | LL children listed in STEP 1 in | n your house   | ehold in the box marked "Child Income." Only    |  |  |  |  |  |
| count foster children's personal income if you are applying for them together with the rest of your household.  |   |                                 |  |   |  |  |  |  |  |
| What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.  |   |                                 |  |   |  |  |  |  |  |
| 3.B. REPORT INCOME EARNED BY ADULTS   |   |                                 |  |   |  |  |  |  |  |
| List adult household members' names.  |   |                                 |  |   |  |  |  |  |  |
| • Print the name of each household member in the boxes m  | arked "Name of Adult Household  | d Members (First and Last)."    | When filling   | g out this section, please include ALL adult    |  |  |  |  |  |
| members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.      |   |                                 |  |   |  |  |  |  |  |
| Do NOT include:   |   |                                 |  |   |  |  |  |  |  |
| • People who live with you but are not supported by your household's income AND do not contribute income to your household.   |   |                                 |  |   |  |  |  |  |  |
| <ul> <li>Infants, children and students already listed in STEP 1.</li> </ul>  |   |                                 |  |   |  |  |  |  |  |
| C) Report earnings from work. Report all total gross income   | D) Report income from public assistance/child                             |                                 | E) Report income from                                  |   |  |  |  |  |  |
| (before taxes) from work in the "Earnings from Work" field on the   | support/alimony/SSI/VA ben  | efits. Report all income that   | pensions/retirement/all other income.                  |   |  |  |  |  |  |
| application. This is usually the money received from working at   | the "Public Assistance/Child Support/Alimony" field on the application.   |                                 |  | Report all income that applies in the           |  |  |  |  |  |
| jobs. If you are a self-employed business or farm owner, you will   | Do not report the cash value of   |                                 | "Pensions/Retirement/ Social Security/All Other        |   |  |  |  |  |  |
| report your net income.   | listed on the chart. If income is received from child support or alimony, |                                 | Income" field on the application.                      |   |  |  |  |  |  |
| What if I am self-employed? Report income from that work as a   | only report court-ordered payments. Informal but regular payments         |                                 |  |   |  |  |  |  |  |
| net amount. This is calculated by subtracting the total operating   | should be reported as "other" income in the next part.                    |                                 |  |   |  |  |  |  |  |
| expenses of your business from its gross receipts or revenue.   |   |                                 |  |   |  |  |  |  |  |
| <b>F)</b> Fluctuating Income. For seasonal workers and others whose   |   |                                 |  |   |  |  |  |  |  |
| income fluctuates and usually earn more money in some months  | members in the field "Total Household Members (Children and               |                                 |  | Security Number (SSN). An adult household       |  |  |  |  |  |
| than others. In these situations, project the annual rate of  | Adults)." This number MUST be equal to the number of household            |                                 |  | member must enter the last four digits of their |  |  |  |  |  |
| income and report that. This includes workers with annual   | members listed in STEP 1 and STEP 3. If there are any members of your     |                                 |  | SSN in the space provided. You are eligible to  |  |  |  |  |  |
| employment contracts but may choose to have salaries paid over  |   |                                 | apply for benefits even if you do not have a SSN.      |   |  |  |  |  |  |
| a shorter period of time; for example, school employees.  |   |                                 |  | If no adult household members have a SSN,       |  |  |  |  |  |
|   | your household affects your eligibility for free and reduced price        |                                 | orice  | leave this space blank and mark the box to the  |  |  |  |  |  |
|   | meals.  |                                 |  | right labeled "Check box if no SSN."            |  |  |  |  |  |
| STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE   |   |                                 |  |   |  |  |  |  |  |
| An adult member of the household must sign the application. By signing the application, that household member is promising that all information has been truthfully and |   |                                 |  |   |  |  |  |  |  |
| completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.        |   |                                 |  |   |  |  |  |  |  |
| A) Provide your contact information. Write your current   | B) Print or sign your name.   | C) Return completed             | D) Share children's racial and ethnic identities       |   |  |  |  |  |  |
| address in the fields provided if this information is available.  | The adult filling out the   | form to: Teresa Culbert         | (optional). On the back of the application, we ask you |   |  |  |  |  |  |
| If you have no permanent address, this does not make your   | application must print or sign  |                                 |  | formation about your children's race and        |  |  |  |  |  |
| children ineligible for free or reduced price school meals.   | their name in the signature   | Eau Claire, Wi 54701            |  | his field is optional and does not affect your  |  |  |  |  |  |
| Sharing a phone number, email address, or both is optional, box. children's eligibility for free or reduced price schoo   |   |                                 |  |   |  |  |  |  |  |
| but helps us reach you quickly if we need to contact you.   |   |                                 | meals.   |   |  |  |  |  |  |