

Oregon School District

123 East Grove Street Oregon, WI 53575

Application for Free and Reduced Priced Meals and Summer School Course Fees

To apply for free and reduced price meals, pool passes, and summer school fees, complete this application, sign your name and return the application to Robyn Wood. **Do not return this application to your school office.** Complete a separate application for **EACH** foster child. Please complete **ONE** application per household. Call the Food Services Coordinator if you need help: 608.835.4036.

- ❶ Print student information. Include **ALL** students enrolled in grades K-12 in the Oregon School District.
- ❷ List **EACH** child's Food Share or W-2 case number, if any

Full Student Name	Grade	School Building	Food Share Case No. (must be supplied each year)	W-2 Cash Benefits case No.

Do NOT list Quest Card Numbers, Medicaid numbers, SSI information, or W-2 childcare case numbers. Please fill in Question 5 if you are **NOT** receiving Food Stamps or W-2 Cash Benefits at this time. If you listed a Food Stamp/W-2 Cash Benefits case number for **EACH** child, skip to Question 6.

- ❸ **Foster Child:** is this a foster child? No Yes If so, list the child's monthly personal income _____. (Write "0" if the child has not personal income.)
- ❹ **Homeless/Migrant/Runaway:** if the child you are applying for is homeless, migrant, or runaway, please check the appropriate box and call Jane Peschel at 608.835.4002.
 Homeless Migrant Runaway
- ❺ **Household Members and Monthly Income:** if you gave a food stamp or W-2 Cash Benefits number for each child, skip the table in question 5 and complete question 6. If you did not provide a Food Stamp/W-2 Cash Benefits number for each child, please complete the table on the next page.

Names of ALL household members, including name(s) of student(s) listed in question 2	Gross Earnings (Before Deductions)		Monthly Welfare, Child Support, Alimony	Monthly Payments for Pensions, Retirement, Social Security	Any Other Monthly Income	Check here if there is NO income
	Gross Amount	How often are you paid this amount?				
1.						<input type="checkbox"/>
2.						<input type="checkbox"/>
3.						<input type="checkbox"/>
4.						<input type="checkbox"/>
5.						<input type="checkbox"/>
6.						<input type="checkbox"/>
7.						<input type="checkbox"/>

6 Signature and Social Security Number: 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. Because the school is receiving Federal funds, school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Social Security Number (this is required)

Signature of Adult Household Member

Printed Name	Home Phone	Work Phone
Address (including city and zip code)		

7 Race: please check the racial or ethnic identity of your child(ren). Please note you are not required to answer this question.

Asian

White

Black or African American

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

Hispanic or Latino

Not Hispanic or Latino

Other

Privacy Act Statement: Section 9 of the national school lunch act requires that, unless your child's food share or W-2 number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of Food Stamps or W-2 benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW

Eligibility Determination

Approved Free Approved Reduced Denied Temporary Until: _____

Reason for Denial

Income too High Income Application Other _____

Change in Status

Reason	
Date	Date Withdrawn

Signature of Determining Official _____ Date _____

Date Verification Notice was Sent	Response Due from Household	Second Notice Sent		
Verification Result				
<input type="checkbox"/> No Change	<input type="checkbox"/> Free to Reduced	<input type="checkbox"/> Free to Paid	<input type="checkbox"/> Reduced to Free	<input type="checkbox"/> Reduced to Paid
Reason for Eligibility Change				
<input type="checkbox"/> Income	<input type="checkbox"/> Household Size	<input type="checkbox"/> Refused to Cooperate	<input type="checkbox"/> Change in Food Stamps/ W-2	<input type="checkbox"/> Other:
Date Notice of Change was sent to Parent/Guardian				
Signature of Verifying Official			Date	