

HARTFORD UNION HIGH SCHOOL

805 Cedar Street Hartford, Wisconsin 53027 (262) 670-3315

APPLICATION FOR MEAL ASSISTANCE 2008-2009 SCHOOL YEAR

Dear Parent/Guardian:

Children need healthy meals to learn. Hartford Union High School offers a healthy lunch every school day for \$2.20, \$2.60, and \$3.00 and school breakfast for \$1.60. Your children may qualify to receive these meals for free or at a reduced price of 40¢ for lunch and 30¢ for breakfast. All families who believe they may qualify for meal assistance are encouraged to apply even if their child may not purchase lunches. This helps the school qualify for additional education programs and funds. You may also choose to have eligible school fees waived if you qualify for assistance.

To apply for free or reduced price meals, use the enclosed Free and Reduced Price School Meals Application. A new application must be on file each school year.

Here are answers to questions you may have about applying:

- 1. Do I need to fill out an application for each child?** No, complete one Free and Reduced Price School Meals Application for all students at Hartford Union High School. If you have elementary and/or middle school students, you will need to complete a separate application and return it to the respective school. Hartford Union High School is a separate district and we cannot accept applications from other districts. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Hartford Union High School, Attn: Foodservice, 805 Cedar St, Hartford, WI 53027; phone: (262) 670-3315.**
- 2. Who can get free meals?** Children in households getting FoodShare or W-2 cash benefits and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** If you have not already been informed that they will get free meals please call Patti Christel at (262) 670-3200 to see if your child(ren) qualify.
- 4. 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 Chart shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **(262) 670-3315** if you have questions.
- 6. 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 based on your household income.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting FoodShare, W-2 cash benefits or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. 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: Michael Kramer, District Administer, 805 Cedar St, Hartford, WI 53027; phone: (262) 670-3200
- 10. 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 a U.S. citizen to qualify for free or reduced price meals.
- 11. 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). You must include yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **(262) 670-3315**.

Sincerely,

Monica Glorioso, Supervisor of Food Services

INSTRUCTIONS FOR APPLYING

If your household gets FOODSHARE OR W-2 CASH BENEFITS, follow these instructions:

- Part 1:** List each child's name, school, grade, and a case number for the FoodShare, W-2 cash benefits, or Food Distribution Program on Indian Reservations (FDPIR) program.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

If you are applying for a child that is HOMELESS, MIGRANT, or a RUNAWAY, follow these instructions:

Check the appropriate box in **Part 2** and contact Patti Christel at (262) 670-3200. Fill out the application by following instructions for **ALL OTHER HOUSEHOLDS** below.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Check the box and list the child's personal use monthly income, if any.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

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

- Part 1:** List each child's name, school, and grade.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from last month.
- Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- Column 2–Gross income last month and how often it was received:** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *All Other Income:* List the amount each person got last month from welfare, child support, alimony (second column), pensions, retirement, Social Security (third column), and All Other Income Sources (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6:** Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

To apply for free and reduced price meals, complete one application per household using the instructions on the opposite page and return as soon as possible to school or by mail to Hartford Union High School, Attention: Foodservice, 805 Cedar St., Hartford, WI 53027. If you need help, call the Foodservice Department at 262/670-3315. Note: High School students need a separate application from elementary and middle school students.

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in Hartford Union High School (First, Middle Initial, Last)	School Name	Grade	*FoodShare, W-2 Cash Benefits, or Food Distribution Program on Indian Reservations (FDPIR) case number (if any) <i>Skip to Part 5 if you list one of the above.</i>
			Case #
			Case #
			Case #
			Case #
			Case #

*DO NOT LIST: Forward or Quest Card numbers; or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 4 if you are *not* receiving FoodShare, W-2 cash benefits, or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Homeless/Migrant/Runaway

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Patti Christel at (262) 670-3200.
 Homeless Migrant Runaway

Part 3. Foster Child (Use a separate application for each foster child)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income — You must tell us how much and how often

1. Name List everyone in the household (related or unrelated)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example) Jane Smith</i>	\$ 200 / weekly	\$ 150 / weekly	\$ 100 / monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list 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.

Sign here: X _____ Date: _____

Printed Name: _____ Phone # _____

Address: _____

Social Security Number: ____ - ____ - ____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- Asian
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 White
 Other

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Your children may qualify for free or reduced price meals if your household income falls below the limits on this chart.

FEDERAL INCOME CHART					
For School Year 2008-2009					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 19,240	\$ 1,604	\$ 802	\$ 740	\$ 370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
Each add'l person:	6,660	555	278	257	129

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a FoodShare Program, Temporary Assistance for Needy Families (W-2 cash benefits) 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Don't 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 Annual Income: _____	Household size: _____ Categorical Eligibility: _____
Date Withdrawn: _____	
Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____	
Temporary: Free _____ Reduced _____ Time Period: _____ (expires after 45 calendar days)	
Determining Official's Signature: _____	Date: _____
Confirming Official's Signature: _____	Date: _____
Follow-up Official's Signature: _____	Date: _____

**WAIVING SCHOOL FEES
PERMISSION TO SHARE INFORMATION**

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application can be shared with the necessary school personnel to waive eligible school registration fees and late-bus transportation fees.

To have eligible school registration fees and/or late-bus transportation fees waived, we must have your permission to share your information however. Sending in this form will not change whether your children get free or reduced price meals. You must qualify for free or reduced-price school meals to have the eligible fees waived.

Eligible school fees to be waived include:

- Registration & Materials Fee
- Course Fees
- Late-Bus Fee
- Co-Curricular Fee
- Academic Co-Curricular Fee

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with school personnel to waive eligible school registration fees or late-bus transportation fees. I will pay all the fees.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with school personnel to waive **eligible school registration fees**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with school personnel to waive **late-bus transportation fees**.

If you checked yes to either question above, fill out the form below. Your information will be shared only for the reason checked above.

HUHS Student Name: _____

HUHS Student Name: _____

HUHS Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

For more information, you may call **Monica Glorioso** at **(262) 670-3315**.
Return this form to: **805 Cedar St., Hartford, WI 53027**