FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS FOR SCHOOL YEAR 2019-20

Dear Parent/Guardian:

Children need healthy meals to learn. **Stoughton Area School District** offers healthy meals every school day.

Grades K-5	Breakfast $1.50	Lunch $2.70
Grades 6-8	Breakfast $1.65	Lunch $2.85
Grades 9-12	Breakfast $1.65	Lunch $2.95

Your children may qualify for free meals or for reduced price meals. Reduced price is **$.30** for breakfast and **$.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
   - All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR)], or W-2 cash benefits are eligible for free meals, when listed on the application.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may qualify to receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2019-2020			
Household size	Yearly ($)	Monthly ($)	Weekly ($)
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional person:	8,177	682	158

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail **Keli Melcher, Director of Student Services 608.877.5041 or Keli.Melcher@Stoughton.k12.wi.us.**

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Kayla Miller at 1920 Lincoln Ave, Stoughton WI 53589 or** Kayla.Miller@Stoughton.k12.wi.us.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? Please read the letter you received carefully and follow the instructions. If your letter indicated you qualify for free meals, then no application is needed. If any children in your household were missing from your eligibility notification, contact **Jenny McKenna at 608.877.5012 or** Jenny.McKenna@SToughton.k12.wi.us immediately. If your household was notified it qualified for reduced price meals, we encourage you to complete an application to potentially qualify for free meals based on household size and income.

~~5. DO I NEED TO FILL OUT AN APPLICATION IF MY CHILD ATTENDS A COMMUNITY ELIGIBILITY PROVISION SCHOOL (CEP)? If your child attends a school that participates in CEP, receipt of free breakfast and lunch meals does not depend on returning this application. However, this information is necessary for other programs and may be used to determine if your household is eligible for additional benefits.~~

6. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **www.Stoughton.k12.wi.us /Our District/ Departments / Food Service** to begin or to learn more about the online application process. Contact **Kayla Miller at 1920 Lincoln Ave, Stoughton WI 53589 or Kayla.Miller@Stoughton.k12.wi.us** if you have any questions about the application process.

7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **10/14/19** or when a new eligibility is determined. You must submit a new application unless the school told you that your child is eligible for the new school year. If you do not submit a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals, but it is based on income. Please submit an application.

9. MY CHILD(REN) QUALIFIES FOR BADGERCARE PLUS OR MEDICAID. CAN MY CHILD GET FREE MEALS? Children with BadgerCare Plus, Medicaid, or subsidized insurance may be eligible for free or reduced price meals, but it is based on household income and income size. Please submit an application to determine if your household qualifies.

10. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

11. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed or experience a financial hardship may become eligible for free and reduced price meals if the household income drops below the income limit.

12. 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: **Erica J. Pickett, Director of Business Services at 320 North Street, Stoughton, WI 53589 or 608.877.5012 or** Erica.Pickett@Stoughton.k12.wi.us**.**

13. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

16. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include any combat pay resulting from deployment as income.

17. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application.

18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

If you have other questions or need help, call Kayla Miller at 608.877.5419

Sincerely,

Erica J. Pickett, Director of Business Services

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, even if your children attend more than one school in the Stoughton Area School District. 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

Kayla Miller, 608.877.5419 or Kayla.Miller@Stoughton.k12.wi.us

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

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 above listed programs:** • Leave **STEP 2** blank or check "No" and go to **STEP 3.**	B) **If anyone in your household participates in any of the above assistance programs:** • Write a case number and name of the assistance program you or any member of the household participates for FoodShare, W-2 Cash Benefits, or FDPIR. You only need to provide one case number. If you participate in one of 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 premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, 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 the combined gross income for ALL children listed in STEP 1 in your household 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 marked "Name of Adult Household Members (First and Last)." When filling 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.
  - Infants, children and students already listed in **STEP 1.**

C) Report earnings from work. Report all total gross income (before taxes) from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. ***What if I am self-employed?*** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	**D) Report income from public assistance/child support/alimony/SSI/VA benefits.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.	**E) Report income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/ Social Security/All Other Income" field on the application.
F) Fluctuating Income. For seasonal workers and others whose income fluctuates and usually earn more money in some months than others. In these situations, project the annual rate of income and report that. This includes workers with annual employment contracts but may choose to have salaries paid over a shorter period of time; for example, school employees.	**G) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.	**H) Provide the last four digits of your Social Security Number (SSN).** An adult household member must enter the last four digits of their SSN in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members have a SSN, leave this space blank and mark the box to the 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 address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**B) Print or sign your name.** The adult filling out the application must print or sign their name in the signature box.	**C) Return completed form to: Kayla Miller at: Sandhill Elementary 1920 Lincoln Ave, Stoughton, WI 53589**	**D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

2019-2020 Household Application for Free and Reduced Price School Meals

Apply online at: www.Stoughton.k12.wi.us /Our District/ Departments/Food Service .

Complete one application per household. Use a pen not a pencil.

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	Grade	School the child attends or NA if not in school	Check all that apply: Foster Child	Homeless, Migrant, Runaway	Head Start
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR? ☐ Yes / ☐ No

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*)

Case Number

Write only one case number in this space.

Program Name (Required)

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.

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.

Child income $ ____

How often? ☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

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 Members (First and Last Name)	C. Earnings from Work	How often?	D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit	How often?	E. Pensions/Retirement/ Social Security, Other Income	How often?	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	$	Weekly Bi-Weekly 2x Month Monthly	$	Weekly Bi-Weekly 2x Month Monthly	$
	$	Weekly Bi-Weekly 2x Month Monthly	$	Weekly Bi-Weekly 2x Month Monthly	$	Weekly Bi-Weekly 2x Month Monthly	$
	$	Weekly Bi-Weekly 2x Month Monthly	$	Weekly Bi-Weekly 2x Month Monthly	$	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 X ____ **Check box if no SSN** ☐

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

Kayla Miller,Sandhill Elementary, 1920 Lincoln Ave, Stoughton, WI 53589

"**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 – Disability payments – Survivor's benefits	– A child is blind or disabled and receives Social Security benefits – A parent is disabled, retired, or deceased, and their child receives Social Security benefits
– Income from person outside the household	– A friend or extended family member regularly gives a child spending money
– Income from any other source	– 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 – 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. If you are in the U.S. Military: – Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) – Allowances for off-base housing, food and clothing	– Unemployment benefits – Worker's compensation – Supplemental Security Income (SSI) – Cash assistance from State or local government – Alimony payments – Child support payments – Veteran's benefits – Strike benefits	– Social Security (including railroad retirement and black lung benefits) – Private pensions or disability benefits – Regular income from trusts or estates – Annuities – Investment income – Earned interest – Rental income – 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 Alaskan 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The above address is for discrimination complaint purposes only.
Return this complete application to your school, not to 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	Denied		
	☐	☐	☐	☐	☐		☐	☐	☐	☐		

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	