

# “In a Nutshell” The Free and Reduced Price Meal Application, Special Situations – Determining Eligibility / Verification



## OTHER SOURCE CATEGORICALLY ELIGIBLE

Below are categories which make children automatically eligible for free meal benefits, either through direct certification (DC) or application. *Eligibility does not extend to any other child in the household. Note: If any of these children are a match on DC (O, S, T, E, M, Z, or G codes), Verification is not required; all others are subject to Verification in the chart below.*

- **Foster child** whose care and placement is the responsibility of the State, or who is formally placed by a court with a caretaker household through which the **State retains legal custody** of the child
- **Homeless** as designated by a district’s Homeless Liaison or homeless shelter official
- **Migrant** as determined by the state or local Migrant Education Program (MEP) Coordinator
- **Runaway** and receiving assistance under the Runaway and Homeless Youth Act (RHYA)
- **Head Start or Even Start** enrollee

## DETERMINING HOUSEHOLD COMPOSITION, BENEFIT ISSUANCE, AND VERIFICATION

<b>Foster Child</b>	<ul style="list-style-type: none"> <li>• Three ways to determine eligibility of a foster child:                             <ul style="list-style-type: none"> <li>○ Application with Foster box checked</li> <li>○ Match on DC list as an “E” code, but does not extend to others in the household</li> <li>○ Documentation from the court or welfare agency indicating the child is the legal responsibility of the State</li> </ul> </li> </ul>
<b>Kinship Care</b>	<ul style="list-style-type: none"> <li>• Court-ordered:                             <ul style="list-style-type: none"> <li>○ Formal: If the State retains custody; then student receives free meal benefits, but documentation must be provided</li> <li>○ Informal: If the household has custody, then eligibility is determined by household application or DC</li> </ul> </li> </ul>
<b>Guardianship</b>	<ul style="list-style-type: none"> <li>• If court-ordered and State retains legal responsibility with documentation, then student receives free meal benefits</li> <li>• If household has accepted legal responsibility, then eligibility is determined by household application or DC</li> </ul>
<b>Adoption</b>	<ul style="list-style-type: none"> <li>• If the household has accepted legal responsibility, then the child is a member of that household for benefit determination</li> <li>• If a Foster child is adopted during the school year, then the child retains free meal benefits for the remainder of the year plus up to 30 operating days in the following school year</li> </ul>
<b>Joint Custody</b>	<ul style="list-style-type: none"> <li>• When joint custody has been awarded and the child physically changes residence, the child is part of the household where the child resides</li> <li>• If both guardians apply for meal benefits, but the eligibility status is different, the child receives the greatest benefit level</li> <li>• If child matches on a DC run with “O, S, T, M, Z, G” code, the benefit extends to other children that reside in each household</li> <li>• Meal benefits do not extend to the second household if eligibility is based on a case number or an income application</li> </ul>

<b>Homeless</b>	<ul style="list-style-type: none"> <li>If the determining official obtained documentation from Homeless Liaison or homeless shelter official, then the student receives free meal benefits</li> </ul>
<b>Migrant</b>	<ul style="list-style-type: none"> <li>If determining official obtained documentation from MEP Coordinator, then the student receives free meal benefits</li> </ul>
<b>Runaway</b>	<ul style="list-style-type: none"> <li>If a list of participating children and effective dates from Runaway and Homeless Youth Act (RYHA) official, or a letter from a RHYA official or Homeless Liaison confirming the child currently participates in an RHYA program, then the student receives free meal benefits</li> </ul>
<b>Head Start or Even Start</b>	<ul style="list-style-type: none"> <li>If the program director provides a list of enrolled students within the Local Education Authority (LEA), then the student receives free meal benefits</li> </ul> <p>Note: The student must be Pre-K for Head Start/Even Start and not enrolled in kindergarten</p>
<b>Foreign Exchange</b>	<ul style="list-style-type: none"> <li>Student is a member of the household with which he/she resides; therefore meal benefit is based on eligibility of household</li> </ul> <p>Note: If districts wish to provide a meal benefit, a transfer must be made from another fund to cover the cost</p>
<b>Transfer Student</b>	<ul style="list-style-type: none"> <li>Documentation required to support previously determined meal benefits (copy of DC list/meal application)</li> </ul>
<b>Transfer from Special Provision Schools</b>	<ul style="list-style-type: none"> <li>Provision to Non-Provision (<i>within same LEA</i>): If no current eligibility is in file, offer free meal benefit, run DC or complete meal application within 30 operating days<sup>1</sup></li> <li>Provision to Non-Provision (<i>different LEA</i>): LEAs are encouraged (required by July 1, 2019) to offer free meals for 30 operating days, run DC or complete meal application<sup>1</sup></li> </ul>
<b>Visiting Student</b>	<ul style="list-style-type: none"> <li>Students can be claimed at the paid rate, or based on the student's <i>home</i> school eligibility determination with a copy of supporting documentation</li> <li>CEP student's <i>home</i> school must send claiming percentages to hosting school<sup>2</sup></li> </ul>
<b>Deployed Personnel</b>	<ul style="list-style-type: none"> <li>Person who is activated or deployed is counted as a household member</li> <li>Money that supports the household is considered income, except combat pay</li> </ul>
<b>Emancipated Child</b>	<ul style="list-style-type: none"> <li>If child is living alone or considered a separate economic unit, child is considered household of one and must sign own application, no Social Security Number required</li> </ul>
<b>RCCI</b>	<ul style="list-style-type: none"> <li>If the child resides in the institution, child is considered a household of one; the submitted documentation (list or completed application) from the appropriate official is not subject to verification</li> <li>Child not residing in the institution (<i>day students</i>) is considered a member of the household in which the child resides, and meal benefits are based on eligibility of household</li> </ul>

<sup>1</sup>Reference the State Agency's list to confirm currently participating special provision sites

<sup>2</sup>See CEP website for Visiting Students resource

**Eligibility Resources:** <http://dpi.wi.gov/school-nutrition/national-school-lunch-program/free-reduced-applications>

# 2017-2018 Household Application for Free and Reduced Price School Meals



Complete one application per household. Please use a pen (not a pencil).

In 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** 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	Foster Child	Homeless, Migrant, Runaway	Head Start
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	Program Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Write only one case number in this space.	Badger Care does not qualify for free meals.

**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?			
\$ <input style="width: 40px;" type="text"/>	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	
<input style="width: 95%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>

**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**

   
 


Check if no SSN

**STEP 4 Contact information and adult signature** Return completed form to:

"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."

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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); <b>FARM</b> —refer to line 18 of the 1040 or line 34 from Schedule F; <b>BUSINESS</b> —refer to line 12 of 1040 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.

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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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.

**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	Reason for Denial or Withdrawal
	Weekly	Bi-Weekly	2x Month	Monthly	Yearly			Free	Reduced	Denied		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Determining Official's Signature	Date Mo./Day/Yr.		Confirming Official's Signature		Date Mo./Day/Yr.		Verifying Official's Signature		Date Mo./Day/Yr.			
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
			Required for Verification				Required for Verification					

**For schools participating in CEP only:**

**Are all students on this application from a CEP school?**

YES  NO

If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2017 to June 30, 2018											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>											
1 .....	12,060	22,311	1,860	930	859	430	15,678	1,307	654	603	302
2 .....	16,240	30,044	2,504	1,252	1,156	578	21,112	1,760	880	812	406
3 .....	20,420	37,777	3,149	1,575	1,453	727	26,546	2,213	1,107	1,021	511
4 .....	24,600	45,510	3,793	1,897	1,751	876	31,980	2,665	1,333	1,230	615
5 .....	28,780	53,243	4,437	2,219	2,048	1,024	37,414	3,118	1,559	1,439	720
6 .....	32,960	60,976	5,082	2,541	2,346	1,173	42,848	3,571	1,786	1,648	824
7 .....	37,140	68,709	5,726	2,863	2,643	1,322	48,282	4,024	2,012	1,857	929
8 .....	41,320	76,442	6,371	3,186	2,941	1,471	53,716	4,477	2,239	2,066	1,033
<b>For each add'l family member, add</b>	<b>4,180</b>	<b>7,733</b>	<b>645</b>	<b>323</b>	<b>298</b>	<b>149</b>	<b>5,434</b>	<b>453</b>	<b>227</b>	<b>209</b>	<b>105</b>
<b>ALASKA</b>											
1 .....	15,060	27,861	2,322	1,161	1,072	536	19,578	1,632	816	753	377
2 .....	20,290	37,537	3,129	1,565	1,444	722	26,377	2,199	1,100	1,015	508
3 .....	25,520	47,212	3,935	1,968	1,816	908	33,176	2,765	1,383	1,276	638
4 .....	30,750	56,888	4,741	2,371	2,188	1,094	39,975	3,332	1,666	1,538	769
5 .....	35,980	66,563	5,547	2,774	2,561	1,281	46,774	3,898	1,949	1,799	900
6 .....	41,210	76,239	6,354	3,177	2,933	1,467	53,573	4,465	2,233	2,061	1,031
7 .....	46,440	85,914	7,160	3,580	3,305	1,653	60,372	5,031	2,516	2,322	1,161
8 .....	51,670	95,590	7,966	3,983	3,677	1,839	67,171	5,598	2,799	2,584	1,292
<b>For each add'l family member, add</b>	<b>5,230</b>	<b>9,676</b>	<b>807</b>	<b>404</b>	<b>373</b>	<b>187</b>	<b>6,799</b>	<b>567</b>	<b>284</b>	<b>262</b>	<b>131</b>
<b>HAWAII</b>											
1 .....	13,660	25,641	2,137	1,069	987	494	18,018	1,502	751	693	347
2 .....	18,670	34,540	2,879	1,440	1,329	665	24,271	2,023	1,012	934	467
3 .....	23,480	43,438	3,620	1,810	1,671	836	30,524	2,544	1,272	1,174	587
4 .....	28,290	52,337	4,362	2,181	2,013	1,007	36,777	3,065	1,533	1,415	708
5 .....	33,100	61,235	5,103	2,552	2,356	1,178	43,030	3,586	1,793	1,655	828
6 .....	37,910	70,134	5,845	2,923	2,698	1,349	49,283	4,107	2,054	1,896	948
7 .....	42,720	79,032	6,586	3,293	3,040	1,520	55,536	4,628	2,314	2,136	1,068
8 .....	47,530	87,931	7,328	3,664	3,382	1,691	61,789	5,150	2,575	2,377	1,189
<b>For each add'l family member, add</b>	<b>4,810</b>	<b>8,899</b>	<b>742</b>	<b>371</b>	<b>343</b>	<b>172</b>	<b>6,253</b>	<b>522</b>	<b>261</b>	<b>241</b>	<b>121</b>