

FREE AND REDUCED LUNCH

Weyauwega-Fremont School District

- Home
- Online Registration**
- Summer School Registration
- Ethnicity/Race
- Gradebook
- Attendance
- Student Info
- Food Service
- Schedule
- Discipline
- Fee Management
- Academic History
- Portfolio
- Skylert

Online Registration

(WEYAUWEGA ELEMENTARY 2016-2017)

Step 6. Food Service Application (Optional)

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

FEDERAL INCOME CHART
For School Year 2016-17

Household Size	Twice Per Year				
	Yearly	Monthly	Month	Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each Additional Person:	7,696	642	321	296	148

Choose one of the following options:

Food Service Application

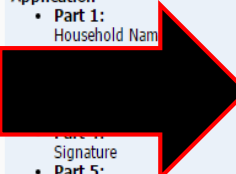

I do not qualify for benefits or do not wish to complete an application

Complete Step 6 Only

- 1. Verify Student Information
Completed 07/28/2016 11:15am
- 2. Verify Ethnicity/Race
Completed 07/28/2016 11:15am
- 3. Health Form
Completed 07/28/2016 11:21am
- 4. Permissions Form
Completed 07/28/2016 11:27am
- 5. Wireless Devices Use Agreement
Completed 07/28/2016 11:28am
- 6. Food Service Application**
- 7. Complete Online Registration

Previous Step Next Step
Close and Finish Later

If you are eligible for free or reduced lunch please click the link to fill out the application.

Steps	Free and Reduced Price School Meals Family Application
Letter to Parents Instructions for Applying Federal Income Chart Privacy Act Statement Non-discrimination Statement	<p data-bbox="1411 111 1707 142">Next Print Back</p> <p data-bbox="1421 149 1498 278"></p>
<p data-bbox="53 328 287 357">Application</p> <ul data-bbox="53 357 287 542" style="list-style-type: none"><li data-bbox="53 357 287 385">• Part 1: Household Name<li data-bbox="53 471 287 499">• Part 5: Ethnicity and Race <p data-bbox="53 556 287 585">Review and Submit</p> 	<p data-bbox="287 299 445 321">Dear Parent/Guardian:</p> <p data-bbox="287 328 1707 371">Children need healthy meals to learn. WEYAUWEGA-FREMONT SCHOOL DISTRICT offers healthy meals every school day. Breakfast costs Breakfast [\$]; lunch costs Lunch [\$]. Your children may qualify for free meals or for reduced price meals. Reduced price is Reduced Breakfast [\$] for breakfast and Reduced Lunch [\$] for lunch.</p> <ol data-bbox="287 378 1707 978" style="list-style-type: none"><li data-bbox="287 378 1707 435">1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. <i>Use one Free and Reduced Price School Meals Application for all students in your household.</i> We cannot approve an application that is not complete, so be sure to fill out all required information. If completing a non-electronic application, return letters or applications to: Name of School/Center, address, phone number.<li data-bbox="287 442 1707 535">2. WHO CAN GET FREE MEALS? All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR) or W-2 Cash Benefits, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.  If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the NOTICE OF DIRECT CERTIFICATION letter you received.<li data-bbox="287 542 1707 599">3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. More information can be found at http://fns.dpi.wi.gov/fns_finco1#fckc under "Eligibility Benefits for Students in Foster Care, Kinship Care, and Chips";<li data-bbox="287 606 1707 649">4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail School, homeless liaison or migrant coordinator information to see if they qualify.<li data-bbox="287 656 1707 699">5. CAN CHILDREN ENROLLED IN A HEAD START PROGRAM RECEIVE FREE MEALS? Yes, children who are enrolled in a Federally-funded Head Start Program, or a comparable State-funded Head Start Program or pre-kindergarten program using identical or more stringent eligibility criteria than the Federal Head Start Program or an Even Start Program can receive free meals.<li data-bbox="287 706 1707 721">6. 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 Eligibility Guidelines, shown on this application.<li data-bbox="287 728 1707 771">7. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter carefully and follow the instructions. Call the school at Phone number if you have questions.<li data-bbox="287 778 1707 821">8. My CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.<li data-bbox="287 828 1707 842">9. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please fill out an application.<li data-bbox="287 849 1707 863">10. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.<li data-bbox="287 871 1707 913">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 may become eligible for free and reduced price meals if the household income drops below the income limit.<li data-bbox="287 921 1707 963">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: Name, address, phone number, email.<li data-bbox="287 971 1707 985">13. 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 U.S. citizens to qualify for free or reduced price meals.

Read the 18 statements in the letter to the Parents.

Click Next and Continue.

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Letter to Parents

➔ Instructions for Applying

Federal Income Chart

Privacy Act Statement

Non-discrimination Statement

Application

- Part 1:
Household Names
- Part 2:
Benefits
- Part 3:
Gross Income
- Part 4:
Signature

Instructions for Applying. Please select the option below after reviewing all information. Questions can be directed to contact information supplied in the Letter to Parents.

I have read the Instructions for Applying and would like to continue the application

Warning: If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the NOTICE OF DIRECT CERTIFICATION letter you received.

If anyone in your household receives benefits from **FoodShare, W-2 Cash Benefits, or the Food Distribution Program on Indian Reservations (FDPIR)**, follow these instructions.

Part 1: All Household Members - List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends.
Part 2: List the case number and the name of the household member (adult or child) who receives FoodShare, W-2 Cash Benefits, or FDPIR benefits and which program the benefits are from.
Part 3: Skip this part.
Part 4: Sign the form. The last four digits of your Social Security Number are not necessary.
Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If no one in your household gets FoodShare, W-2 Cash Benefits, or FDPIR benefits and if any child in your household is **homeless, a migrant, or runaway, or enrolled in a Head Start Program**, follow these instructions.

Part 1: All Household Members - List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. If any child you are applying for is homeless, migrant, runaway, or enrolled in a Head Start Program, check the appropriate box and call School, homeless liaison or migrant coordinator information.
Part 2: Skip this part.
Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households below.
Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.
Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If **all** of the children in the household are foster children, follow these instructions. You **do not** need to fill out a separate application for each foster child in your household.

Part 1: If **all children in the household are foster children**, list all foster children and the name of the school each child attends. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If **some** of the children in the household are foster children, follow these instructions.

Part 1: All Household Members - List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, or runaway, or enrolled in a Head Start Program, check the appropriate box and if you have questions, call School, homeless liaison or migrant coordinator information.
Part 2: Skip this part.
Part 3: Complete only if a child in your household isn't eligible under Part 1. **See instructions under Part 3 for All Other Households below.**

Read all instructions for applying.

If you qualify make sure to mark the box and then click next.

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- **Part 1:**
Household Names
- **Part 2:**
Benefits
- **Part 3:**
- **Part 5:**
Ethnicity and Race

[Review and Submit](#)

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.
If you do not qualify for benefits or do not wish to complete an application, check the option below.

 I do not qualify for benefits or do not wish to complete an application**FEDERAL INCOME CHART**

For School Year 2016-17

Household				
Size	Yearly	Monthly	Weekly	
1	21,978	1,832	423	
2	29,637	2,470	570	
3	37,296	3,108	718	
4	44,955	3,747	865	
5	52,614	4,385	1,012	
6	60,273	5,023	1,160	
7	67,951	5,663	1,307	
8	75,647	6,304	1,455	
Each Additional Person:				
	7,696	642	148	

Read the household income chart.

If you do not qualify check the box stating you do not qualify.

If you do qualify click Next.

Steps	Previous Next Print Back
Letter to Parents Instructions for Applying Federal Income Chart → Privacy Act Statement	Privacy Act Statement: This explains how we will use the information you give us.
<ul style="list-style-type: none">• Part 1: Household Names• Part 2: Benefits• Part 3: Gross Income• Part 4: Signature• Part 5: Ethnicity and Race	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 FoodShare, W-2 Cash Benefits 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.
Review and Submit	

Read the Privacy Statement

Click Next

Free and Reduced Price School Meals Family Application Select Language	
Steps	Previous Next Print Back
Letter to Parents Instructions for Applying Federal Income Chart → Household Names	Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.
<ul style="list-style-type: none">• Part 2: Benefits• Part 3: Gross Income• Part 4: Signature• Part 5: Ethnicity and Race	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 in any program or 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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov . This institution is an equal opportunity provider.
Review and Submit	

Read the Non-discrimination statement.

Click Next

- Steps
- Letter to Parents
 - Instructions for Applying
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 - Privacy Act Statement
 - Non-discrimination Statement
 - Application
 - Part 1: Household Names
 - Part 2: Benefits
 - Part 3: Gross Income
 - Part 4: Summary and Review
 - Review and Submit

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Add More Names to Application

PART 1. ALL HOUSEHOLD MEMBERS

Names of All People Living in Your Household (First, Middle Initial, Last)

School the child attends, or indicate 'NA' if household member is not in school

Place a check in the box below if the child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, migrant, runaway, or Head Start child, skip to Part 4 to sign this form.

		Check if NO Income				
		Foster	Homeless	Migrant	Runaway	Head Start
(Example) Jane A. Smith	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	wf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fill in all household Members

Click Next

	Foster	Homeless	Migrant	Runaway	Head Start	
NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application Validation

Please verify that the household members listed here do not have income.

Do you want to continue?

Yes No



Verify the Household members listed and click Yes.

Free and Reduced Price School Meals Family Application Select Language

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PART 2. BENEFITS
 If **any** member of your household receives **FoodShare, FDPPIR or W-2 Cash Benefits**, provide the name of the household member, the program name, and case number (or **Quest Card number**) for the person who receives benefits and skip to **Part 4**. If no one receives these benefits, go to **Part 3**

Name: Program Name:
 Case Number:

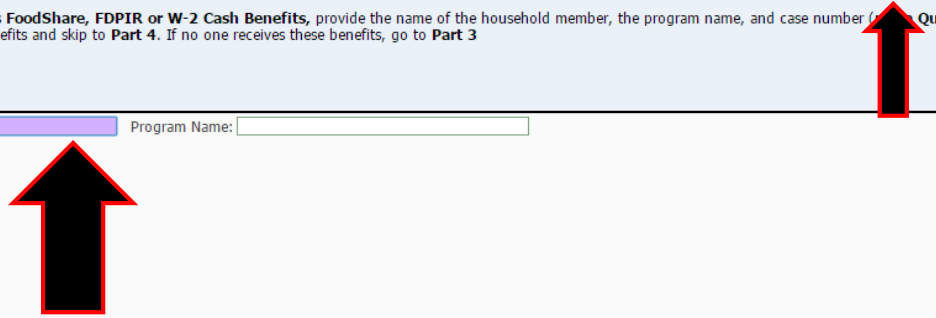
Application

- Part 1: Household Names
- Part 2: Benefits**
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Ethnicity and Race

Review and Submit

Fill in the information requested if it applies or click Next to go to Step 3

Click Next



Free and Reduced Price School Meals Family Application Select Language

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PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Select the box for how often it is received. Report each income only once. If you provided a case number in Part 2, you do **not** need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) there is no income to report.

Add More Names to Application

1. Full Name First Name, Middle Initial, Last Name	2. Gross Income and How Often It Was Received ?							
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income				
(Example) Jane A. Smith	\$199.99	W	\$149.99	B	\$99.99	M	\$50.00	M
<input type="text"/>	\$345.00	B	\$0.00		\$0.00		\$0.00	
<input type="text"/>	\$0.00		\$0.00		\$0.00		\$0.00	
<input type="text"/>	\$0.00		\$0.00		\$0.00		\$0.00	
<input type="text"/>	\$0.00		\$0.00		\$0.00		\$0.00	
<input type="text"/>	\$0.00		\$0.00		\$0.00		\$0.00	
<input type="text"/>	\$0.00		\$0.00		\$0.00		\$0.00	

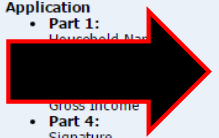
Application

- Part 1: Household Names
- Gross Income
- Part 4: Signature
- Part 5: Ethnicity and Race

Review and Submit

Fill in household income

Click Next



Free and Reduced Price School Meals Family Application Select Language

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- Part 1: Household Names
- Part 2: Benefits
- Part 3: Gross Income
- Part 4: Signature**
- Part 5: Ethnicity and Race

Review and Submit

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the 'I do not have a SSN' box. See Privacy Act Statement**

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted. I understand my child's eligibility information may be shared as allowed by law.

* Sign here: Remove

* Print Name:

Date: Phone Number: Ext:

Address: Cell Phone Number: Ext:

City: State: Zip Code:

* Last Four Digits of SSN: ***-**- OR I do not have a SSN

Email Address:

By providing an email address, you may be notified by email of your eligibility for free and reduced price school meals.

Print Name and fill in the other information sign with using your last 4 of social security number.

Click Next

Free and Reduced Price School Meals Family Application Select Language

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- Part 1: Household Names
- Part 2: Benefits
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Ethnicity and Race**

Review and Submit

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITY (OPTIONAL)

I would like to report this optional information

Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino

Mark one or more racial identities: Asian American Indian or Alaska Native Black or African American White Native Hawaiian or Other Pacific Islander

Fill out the Ethnicity and Racial Identity. This is optional.

Click Next

Free and Reduced Price School Meals Family Application

Select Language

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 - Application**
 - Part 1: Household Names
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 - Part 4: Signature
 - Part 5: Ethnicity and Race
 - Review and Submit

Free and Reduced Price School Meals Family Application

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Please review the completed application and fix any indicated errors before submitting for approval. ****Please Note: The application has not yet been submitted. This application cannot be submitted until any errors listed below are resolved and the Submit Application button is clicked.**

- Part 1. ALL HOUSEHOLD MEMBERS income discrepancies were found in Part 3. TOTAL HOUSEHOLD GROSS INCOME. Please adjust the gross income or check 'No Income' if applicable following: q.



PART 1. ALL HOUSEHOLD MEMBERS

Names of All People Living in Your Household (First, Middle Initial, Last)	School the child attends, or indicate 'NA' if household member is not in school	Place a check in the box below if the child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, migrant, runaway, or Head Start child, skip to Part 4 to sign this form.					Check if NO Income
		Foster	Homeless	Migrant	Runaway	Head Start	
q	wf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives FoodShare, FdPIR or W-2 Cash Benefits, provide the name of the household member, the program name, and case number (not a Quest Card number) for the person who receives benefits and skip to Part 4. If no one receives these benefits, go to Part 3

Name: Program Name:

Case Number:

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Select the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

1. Full Name First Name, Middle Initial, Last Name	2. Gross Income and How Often It Was Received							
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income				
q	345.00	B						

Review all information and fix any errors and submit. (Submit button should be next to your Previous Button)