

## OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT 2021-2022 SCHOOL BREAKFAST/LUNCH PROGRAM

Dear Parent or Guardian:

The Oak Creek-Franklin Joint School District is a participant in the Federal School Lunch Program. Each student in the district is issued a student ID number which is also their lunch ID number. ***Please remind your child/ren to keep the number in a safe place and not to share it with their friends.***

The district's food service program is computerized. Deposits and daily lunch/breakfast purchases are made from a personal family account. This family account works the same as a checking account. Deposits are split evenly between all students in the household, but this does not limit the student to that allocation. They may draw on the entire family balance. When a breakfast or lunch is purchased the amount is deducted from the family's account.

Please make an initial payment prior to September 1<sup>st</sup> so your child/ren may purchase ala carte, milk, or snack using their family account on the first day of school. (Any balance remaining as of June 2021 will be available for use in the upcoming school year).

A nutritious hot lunch is available to all students, and ala carte service is available at the middle schools and high school. The menus are designed with children's appetites in mind while following the federal nutrition requirements and alternative menu entrees are available daily. The menus are planned and published on a monthly basis on the District's website.

**EVERY student has a lunch account.** Parents are able to access family lunch information via their Infinite Campus Parent Portal to check a balance, make payments, or review charges by a student(s).

Account balances must be kept up to date. The Food Service Department reviews family accounts on a weekly basis and **emails** balances each week. If the balance of a family account is in arrears full payment or payment arrangements are expected to be made within seven days of the email date of the notice. Please be sure you have an up-to-date, functioning email on your IC Parent Portal.

Enclosed please find the free/reduced lunch application and instructions for completing it. Per the USDA Seamless Summer Option, meals are free for the 2021-22 school year; however, economically disadvantaged families are encouraged to apply as eligibility status impacts other programs. Note that if your household qualified in the past for this program, you ***must reapply for benefits for 2021-2022***. If you have received a letter indicating your eligibility for free lunch for 2021-22 through the direct certification process, there is no need to complete an application at this time.

If you wish to limit your child(ren)'s daily expenditure, please call the Food Service Office at 414-768-6121 to have your family account noted as such.

A payment may be sent to school with any child, and it will be credited to your family account. Elementary school payments are deposited daily into family accounts during lunch and breakfast or can be given to the designated food service representative in your child(ren)'s building.

In an effort to speed up service in the lunch lines and aide in improving accuracy for the Middle Schools, 9<sup>th</sup> Grade Center and High School, the deposit process was changed for 2019-20. This process will continue and students attending the schools mentioned will need to make a lunch deposit into a locked drop box by 9am. There will be envelopes provided where students can place their cash or checks. They will be asked to write their name, ID# and amount enclosed on the envelope. Please note: There is NO CASH accepted at the cash registers.

- a. Please place payment in an envelope with student name, family name, school name, amount enclosed and date. Checks are payable to Oak Creek School District. Please write "School Lunch" on the memo line of the check
- b. If you are sending a check in the mail please send it to:

**Oak Creek High School  
Attention: Food Service Department  
340 East Puetz Road  
Oak Creek, WI 53154**

### ***On-line Payments for Food Service Accounts***

The Oak Creek-Franklin Joint School District has now migrated to Infinite Campus to allow Electronic Payments by MasterCard, Visa, Debit Card or directly from your Savings or Checking account, into your family account via your Parent Portal. You are in full control of your account and can make a payment via your Infinite Campus Parent Portal. No payments are allowed without your knowledge and authorization.

Infinite Campus does charge convenience/transaction fee(s) for electronic payments.

**I.D. CARD REQUIRED AT OAK CREEK HIGH SCHOOL** – At the beginning of the school year, each student is issued an I.D. card. The I.D. card must be used to access the student's lunch account when purchasing a meal or ala carte items. If a student loses his/her I.D. card a replacement card must be purchased for \$5.00. Arrangements for purchasing the card should be made in the main office.

#### **FREE AND REDUCED:**

Students who receive free or reduced price meals have the same lunch options as students who pay full price, however *ala carte and snack items are not included with lunch*. **All students who purchase ala carte on account are charged full price, regardless of whether they receive free or reduced price meals.** Parents should discuss purchasing guidelines with their children in

advance to prevent unwelcome charges to their account. All preceding rules apply to Free and Reduced Lunch Students to account balances.

MANAGEMENT OF FAMILY ACCOUNT BALANCES:

It is the charge of the Food Service Department to maintain accurate records for your family lunch account; which includes both deposits to and purchases from the account. If you have questions on the details in your family account please contact the Food Service Department directly at (414-768-6121). The Food Service Department reports to the Chief Business and Finance Officer, and will work collaboratively with the Business Office to maintain the rules and procedures for the charges and collection of school meal accounts.

If you have questions regarding the rules or policy 763, please contact the Chief Business and Finance Officer at (414)768-6140.

Have a great year!

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS FOR SCHOOL YEAR 2021-22

Dear Parent/Guardian:

Children need healthy meals to learn. Oak Creek-Franklin Joint School District offers healthy meals every school day. Breakfast costs **\$1.45**; lunch costs **\$2.40** for elementary students and **\$2.65-\$4.05** for middle and high school students. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch. Per the USDA Seamless Summer Option (SSO), meals are free for all students for the 2021-22 school year. This does not include ala carte, milk or snack purchases.

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 2021-2022			
Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person:	8,399	700	162

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 **Bridget Kotarak at 414-768-5884 or b.kotarak@ocfsd.org**.
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: **Food Service, Oak Creek-Franklin Joint School District Office, 7630 S 10<sup>th</sup> St, Oak Creek, WI 53154.**
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 **Bridget Swiatek at 414-768-6121 or email b.swiatek@ocfsd.org** 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 SCHOOL PARTICIPATING IN THE SEAMLESS SUMMER OPTION (SSO) OR COMMUNITY ELIGIBILITY PROVISION SCHOOL (CEP)? If your child attends a school that participates in SSO OR 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. The online application has the same requirements and will ask you for the same information as the paper application. Visit **Your Infinite Campus Parent Portal** to begin or to learn more about the online application process. Contact **Bridget Swiatek at 414-768.6121 / [b.swiatek@ocfsd.org](mailto:b.swiatek@ocfsd.org)** or **Lana Zimmerman at 414-768-5881 / [l.zimmerman@ocfsd.org](mailto:l.zimmerman@ocfsd.org)** if you have any questions about the application process. Online application results will go to your portal inbox.
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 **10/13/21**, 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 household 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: **Andrew Chromy, 7630 S 10<sup>th</sup> St, Oak Creek, WI 53154, 414-768-6140 or [a.chromy@ocfsd.org](mailto:a.chromy@ocfsd.org)**
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.

# CHILDREN WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS

## Wisconsin Department of Public Instruction

### **A. Rehabilitation Act of 1973 and the Americans with Disabilities Act**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, "a person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please refer to these Acts for more information at <https://www.eeoc.gov/statutes/rehabilitation-act-1973> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>, respectively.

### **B. Individuals with Disabilities Education Act**

A child with a "disability" under Part B of the Individuals with Disabilities Education Act (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The IDEA can be found in its entirety at <https://sites.ed.gov/idea/statuteregulations>.

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to make sure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan contain the same information that is required on a medical statement, then it is not necessary to get a separate medical statement from a licensed medical practitioner.

### **C. Licensed Medical Practitioner's Statement for Children with Disabilities**

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities must provide modifications for children with disabilities on a case-by-case basis when requests are supported by a written statement from a state licensed medical practitioner.

The licensed medical practitioner's statement must identify:

- an explanation of how the child's physical or mental impairment restricts the child's diet;
- the food(s) to be avoided; and
- the food or choice of foods that must be substituted.

The second page of this document ("Medical Statement for Special Dietary Needs") may be used to obtain the required information from the licensed medical practitioner.

"Practitioner" is defined by Wisconsin State Statute 118.29(1) (e): "Practitioner" means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state. If the documentation to support a dietary accommodation has not been signed by one of these practitioners, the school is not required to accommodate the request (unless information about the dietary need is included within the IEP or 504 plan, as mentioned above in Section B.)

### **D. Substitutions Within the Meal Pattern**

It is strongly recommended, though not required, that schools have documentation on file from any medical authority for students with dietary needs for whom they are making menu modifications within the meal pattern. Such determinations are only made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements.

# Medical Statement for Special Dietary Needs

Please read page 1 before completing this form.

Student's Name

Student's PIN/ID Number

Age

Name of School

Grade Level

Classroom

1. How does the child's physical or mental impairment restrict his or her diet?

2. What food(s)/type(s) of food should be omitted? Please be specific.

3. List foods to be substituted. (Avoid specific brand names, if possible.)

4. Additional comments:

Parent's signature

Parent's name

Date

Phone number

Medical Practitioner's Signature

Medical Practitioner's name

Title

☐ Physician

☐ Physician assistant

☐ Nurse practitioner

☐ Podiatrist

☐ Dentist

☐ Optometrist

Date

Phone number

This institution is an equal opportunity employer.

Updated 10/2020.

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# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS for 2021-22 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 Oak Creek-Franklin Joint 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

Lana Zimmerman at 414-768-5881 or email (preferred) [l.zimmerman@ocfsd.org](mailto:l.zimmerman@ocfsd.org)

If your child attends a school participating in the Seamless Summer Option or the Community Eligibility Provision School (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

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.

<b>A) List each child's name.</b> 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>B) Enter the grade and the name of the school the child attends or mark n/a if not in school.</b>	<b>C) Do you have any foster children?</b> 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.	<b>D) Are any children homeless, migrant, runaway or enrolled in a Head Start program?</b> 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.
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## 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 in 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.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- 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.

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.

#### 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.

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.

#### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**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: Oak Creek-Franklin Joint School District, 7630 S 10<sup>th</sup> St, Oak Creek, WI 53154**

**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.

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Apply online at: [https://ocfsdwi.infinitecampus.org/campus/portal/oak\\_creek\\_franklin.isn?](https://ocfsdwi.infinitecampus.org/campus/portal/oak_creek_franklin.isn?)

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

For the Seamless Summer Option (SSO) and Community Eligibility Schools (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for their programs.

If more spaces are required for additional names, attach another sheet of paper.

If more spaces are required for additional names, attach another sheet of paper.

Child's First Name	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
					<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"/>

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

☐ Yes / ☐ No

Medicaid and Badger Care do not qualify

Flip the page and review the charts titled "Sources of Income" for more information

Flip the page and review the charts titled "Sources of Income" for more information

### A. Child Income

—

Child income	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**B. All Adult Household Members (including yourself)**

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.			D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit			E. Pensions/Retirement/ Social Security, Other Income			F. How often?			Others with fluctuating income, project the annual income and report here.				
	Earnings from Work	Weekly	BtWeekly	2x Month	Monthly	Weekly	BtWeekly	2x Month	Monthly	Weekly	BtWeekly	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**

Check box, if no SSN

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

OCFSD, Attn: Food Service, 7630 S 10th St, Oak Creek, WI 53154

"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 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	– A child is blind or disabled and receives Social Security benefits
– Disability payments	– 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

## 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 Alaska Native ☐ Asian

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.

## 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

## How often?

Weekly	Bi-Weekly	2x Month	Monthly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Household Size

## Categorical Eligibility

Free	Reduced	Denied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Date Denied

Mo./Day/Yr.

## Reason for Denial or Withdrawal

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

## For schools participating in CEP only:

**Are all students on this application enrolled in 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.

## 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 Schedule 1 or line 34 from Schedule F; <b>BUSINESS</b> —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



**Lana Zimmerman**  
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(414) 768-5881  
Fax: (414) 768-6151

**2021-22**

**SHARING INFORMATION WITH OTHER PROGRAMS**

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced price School Meals Application with **ASPIRE**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Building Administrators for purpose of **REDUCING/WAIVING SCHOOL FEES**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Guidance and Pupil Services for possible **SCHOLARSHIP ELIGIBILITY and WAIVER of AP TESTING FEES**.

If you checked yes to any or all of the boxes above, please complete the rest of this form to ensure that your information is shared. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call Lana Zimmerman at 414-768-5881 or email at [l.zimmerman@ocfsd.org](mailto:l.zimmerman@ocfsd.org)

**Return this form to: District Office, 7630 S. 10<sup>th</sup> Street, Oak Creek, WI, 53154**