

8937 Big Bend Road
Waterford, WI 53185



P: 262-662-3466
F: 262-662-9888
www.washcald.com

Attention Washington-Caldwell Families,

Attached is a Free and Reduced Lunch application form, being sent to all families for the 2016-17 school year.

If you are eligible for unemployment compensation, or you are earning at or below current federal income eligibility guidelines you are encouraged to apply. (Please see Federal Eligibility Income Chart, over).

To apply for free or reduced price meals, please fill out the application and return it to the school in a sealed envelope addressed "Attention: Rachel Opgenorth," prior to the start of the school year. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year. Information is kept confidential.

If your income changes during the school year and you feel you may qualify for benefits as a result, you may submit an application at any time during the year.

Additional copies are available at the Main Office and can be downloaded from the school website, www.washcald.com.

For more information, contact Rachel Opgenorth, district bookkeeper, at (262) 662-3466 or ropgenorth@washcald.com.

(Over)

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.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible
- 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 receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines.

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

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016-2017

Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	\$ 15,444.00	\$ 1,287.00	\$ 423.00
2	\$ 20,826.00	\$ 1,736.00	\$ 570.00
3	\$ 26,208.00	\$ 2,184.00	\$ 718.00
4	\$ 31,590.00	\$ 2,633.00	\$ 865.00
5	\$ 36,972.00	\$ 3,081.00	\$ 1,012.00
6	\$ 42,354.00	\$ 3,530.00	\$ 1,160.00
7	\$ 47,749.00	\$ 3,980.00	\$ 1,307.00
8	\$ 53,157.00	\$ 4,430.00	\$ 1,455.00
Each additional person:	plus 5408	plus 451	\$ 148.00

		Gross Income (before deductions) and how often it is received						
Name	Work Gross Income before deductions	Is this Income - Weekly, Bi-Weekly, Semi-Monthly (2x a month), or Monthly	Welfare, Child Support, Alimony Income	Is this Income - Weekly, Bi-Weekly, Semi-Monthly (2x a month), or Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits	Is this Income - Weekly, Bi-Weekly, Semi-Monthly (2x a month), or Monthly	Other Income	Is this Income - Weekly, Bi-Weekly, Semi-Monthly (2x a month), or Monthly
First Name	Last Name	\$200.00	BW	\$100.00	M	\$	\$	\$
		\$		\$		\$	\$	\$
		\$		\$		\$	\$	\$
		\$		\$		\$	\$	\$
		\$		\$		\$	\$	\$
		\$		\$		\$	\$	\$

An Adult household member must sign the application and also must list the last four digits of his or her Social Security Number or Mark the "I do not have a Social Security number" box

I certify that all information on this application is true and that all income is reported. I understand that school officials may verify the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility information may be shared as allowed by law.

Signature _____ Print Name _____ Date _____

Address _____

City, State, Zip _____ Last 4 of Social Security # _____

Phone _____ Email _____ I do not have a Social Security #

BY SUBMITTING THIS FORM YOU ARE GIVING WASHINGTON-CALDWELL PERMISSION TO USE THIS INFORMATION TO ADJUST FEES, ACCORDING TO SCHOOL BOARD POLICY