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.

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 (\$)	W	eekly (\$)
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

Washington-Caldwell Free and Reduced Lunch Application 2016-2017

								First Name MI Last Name	Names of ALL People living in your Household . Household means "anyone who is living with you and shares income and expenses, even if not related".
Determi	Eligibility: Free	Total An						Grade	. Household
Determining Official's Signature	y: Free	Annual Incom Total Annual Income_\$						Foster Hom	
Signature	Reduced	me Conversio	DO NOT FILL OUT TH					Foster Homeless Migrant	Please Check a box below if the child Check is: foster child, homeless, migrant, there is
		n: Weeklyx52 —	OUT THIS PA					t Runaway INCOME	if the child migrant ,
	Denied	2, Bi-Weekly	ART. THIS IS F						
Date	Reason for Denial:	Annual Income Conversion: Weeklyx52, Bi-Weeklyx26, Semi-Monthlyx24, Monthlyx12	IS PART. THIS IS FOR SCHOOL USE ONLY	2				FOODSHARE FUPIK W-2 Card number)	ehold members u) participate in e, W-2 Cash s, or FDPIR

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		First Name Last Name	Work Gross Income before List ALL household members with income deductions	
\$ \$	\$ \$	\$ \$200.00	J 6	
		BW	Is this Income - Welfare, weekly, Child Bi-Weekly, Support, (2x a month), or Monthly Income	Gross
\$ \$	\$ \$	\$ \$100.00	Welfare, Child Support, Alimony Income	Income (befo
		Z	Is this Income - Pensions, weekly, Bi- Weekly, Semi- Social Monthly (2xa month), or Monthly VA Benefi	re deductio
\$ \$	\$ \$	\$ \$	ns, ment, y, SSI, nefits	Gross Income (before deductions) and how often it is received
			Is this Income - Weekly, Bi- Weekly, Semi- Monthly (2x a month), or Monthly	ften it is re
\$ \$	\$ \$	\$ \$	Other	ceived
			Is this Income - Weekly, Bi-Weekly, Semi-Monthly (2x a month), or	

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

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

Signature	Print Name	Date
Address		
Address		Last 4 of Social Security #
City, State, Zip		
		I do not have a Social Security #
PhoneEn	Email	1

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