

KCSS HOT LUNCH PROGRAM

Lunch prices for 2007-08 are \$1.65 per day for students who take Hot Lunch for the entire school week/month and \$2.05 per day for students who take Hot Lunch occasionally. **Daily students should calculate their cost daily or by the week only.** Reduced lunch price will be \$.40 per day. One milk is included with each lunch. Extra milk or milk for cold lunches will be available for \$.30 per ½ pint. Adult price is \$2.10. **Make checks out to KCSS Hot Lunch.**

Put the lunch money in an envelope with the **STUDENT'S NAME, GRADE AND DATE OF THE WEEK BEING PAID FOR** noted on the outside. Subtract amount for any days student was absent from school the previous week OR any days student will be absent within that week. Make a note of this on the envelope. **You cannot deduct days for cold lunch.** You can include all students from one family in the same envelope.

Please take note that the lunch money is due on the LAST DAY of the week for the following week's lunches. If the student is absent, money envelopes can be sent on the first day of the week. If payment has not been received after 5 meals were served, that student can be denied lunch until payment is received. Payments can be made weekly, bi-weekly or monthly for students who eat all the time. **Students who eat occasionally MUST pay daily or weekly.** Any concerns about your lunch payment, contact the KCSS Business Office at 759-4508.

Please consider Free or Reduced Priced Meals for your children. Government aid is an enormous help for our lunch program. It is essential we get as much aid as possible from the government to keep our lunch program running successfully. Please look the attached application over carefully and take the time to fill it out. You will notice that many families will qualify for this program. Gross income of all family members is recorded. Self-employed families can record their net income. The total number in a family includes parents, students, pre-schoolers and any other person living in the household. **You can apply any time during the school year** (for example: if there is a lay-off, injury, etc. in the family and the monthly income is decreased). **I want to stress that all applications are kept confidential. I am the only one who will see them. I only record the number of free/reduced priced meals each month to send to the government to get the reimbursement.**

- Complete and return one application per family in an envelope with my name on it either to the school office or to me directly as soon as possible so that your child/children can receive free or reduced price meals the first week of school. After I receive the application, I will call and tell you what your family is eligible for.
- Remember, whenever your family income decreases in any month, the following months your child/children would be eligible for free or reduced priced meals.

If you have any questions concerning the Hot Lunch Program, please call me at 766-9368. Thank you for your support of the Hot Lunch Program.

Lois Wittman - KCSS Food Service Coordinator
1905 Thelen Avenue
Kaukauna, WI 54130

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

FEDERAL INCOME CHART					
For School Year 2007-2008					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$18,889	\$1,575	\$788	\$727	\$364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
Each Additional person:	6,438	537	269	248	124

Privacy Act Statement: This explains how we will use the information you give us.

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a FoodShare Program, Temporary Assistance for Needy Families (W-2 cash benefits) 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

INSTRUCTIONS FOR APPLYING

If your household gets FOODSHARE OR W-2 CASH BENEFITS, follow these instructions:

- Part 1: List child(ren)'s name, school, grade, and a FoodShare, W-2 cash benefits, or Food Distribution Program on Indian Reservations (FDPIR) case number.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.

For Public Schools Only

If you are applying for a child that is HOMELESS, MIGRANT or a RUNAWAY, follow these instructions:

- Check the appropriate box in Part 2 and contact [your school, homeless liaison, migrant coordinator].
Fill out application by following instructions for **ALL OTHER HOUSEHOLDS**.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a separate application for each foster child. List the child's name, school, and grade.
- Part 2: Skip this part.
- Part 3: Check the box and list the child's personal use monthly income, if any.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: List each child's name, school, and grade.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.
 - Column 1–Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
All other income: List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and **ALL OTHER INCOME SOURCES** (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6: Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	FoodShare, W-2 Cash Benefits or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 5 if you list one of the above.
			Case #
			Case #
			Case #
			Case #
			Case #

DO NOT LIST: Forward or Quest Card numbers; or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 4 if you are not receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Homeless/Migrant/Runaway (For Public Schools Only)

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) <i>(Example)</i> Jane Smith	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<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 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

Asian American Indian or Alaska Native

White Native Hawaiian or Other Pacific Islander

Black or African American Other

Mark one ethnic identity:

Hispanic or Latino

Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____