

Dear Parent/Guardian:

Children need healthy meals to learn, and the Oconomowoc Area School District offers healthy meals every school day. ***Your children may qualify for free meals or for reduced price meals.***

OASD 2023-24 SCHOOL YEAR MEAL PRICES ARE AS FOLLOWS:

Elementary Breakfast: \$1.50 (reduced \$.30)

Elementary Lunch: \$2.55 (reduced \$.40)

Intermediate Breakfast: \$1.50 (reduced \$.30)

Intermediate Lunch: Tiered meal structure \$2.65/\$3.25/\$4.00 (reduced \$.40)

REMINDER FOR THE 2023-2024 SCHOOL YEAR AT OCONOMOWOC HIGH SCHOOL:

Breakfast and lunch Raccoon Combo Meals are available for purchase for \$2.40 at breakfast and \$3.15 at lunch. Raccoon Combo Meals rotate daily at each of our serving stations. **These meals are available to all students and will be the meal of choice for students who qualify for either free or reduced meals.** Additional a la carte items for cash purchase are sold separately to all students who put together their own meal or add a side to their Raccoon Combo Meal.

Oconomowoc High School is not part of the National School Lunch Program, so there is a separate set of requirements to qualify for free or reduced meals for high school students only. This packet includes 2 separate Household Income Forms for free or reduced-price meal benefits, and a set of detailed instructions. One form is for children in Elementary or Intermediate Schools, the other is for High School students only. **If you have a child in elementary or intermediate school and a child in high school, you will need to fill out both forms.** If you have a student(s) in elementary and a student(s) in intermediate, you will need to fill out the USDA Application Form. You only need to fill out both forms if you have a child in high school and a child in elementary or intermediate, see question #3 below.

COMMON QUESTIONS & ANSWERS IN THE APPLICATION PROCESS:

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 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.

– MORE –

Declaracion de Traducción: Estamos trabajando diligentemente para traducir nuestros documentos al español. Por favor comuníquese con la escuela de su hijo para aclaración. Si todavía necesitas aclaración, por favor comuníquese con Translate@oasd.org.

Nondiscrimination: The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-2024			
Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

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 email Aramark.Foodservice@oasd.org or call (262)-560-2148 immediately.

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 Aramark.Foodservice@oasd.org or call (262)-560-2148 immediately.

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 Aramark.Foodservice@oasd.org or call (262)-560-2148 immediately. If your household has automatically qualified for reduced meals based on Medicare, we encourage you to complete an application to potentially qualify for free meals based on household size and income.

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Can I Apply Online?

Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit your OASD online Family Access account to begin or to learn more about the online application process. To reach your Family Access account, visit www.oasd.org, then click the Skyward link in the upper right corner. Contact our office by email Aramark.Foodservice@oasd.org or call (262)-560-2148 if you have any questions about the online application.

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 **October 1, 2023**. You must send in a new application unless you received confirmation that your child is eligible for the new school year. **If you do not send in 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.**

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 send in an application.

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 income. Please send in an application.

Will the Information I Give be Checked?

Yes. We may also ask you to send written proof of the household income you report.

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.

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 Aramark.Foodservice@oasd.org or call (262)-560-2148.

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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.

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.

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.

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.

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.

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.

If you have other questions or need help, call (262)-560-2148.

Sincerely,

Oconomowoc Area School District
Aramark Food Services

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the Oconomowoc Area School District.**

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Aramark Food Service at Aramark.Foodservice@oasd.org or (262)-560-2148.

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) Oconomowoc Area School District.

A) List each child's name. 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 present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. 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. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP, TANF, 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:

- Check “No” in **Step 2** and go to **Step 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, 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: <https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>
- Go to **Step 4**.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled “**Sources of Income**” & “**Examples of Income for Children**,” on the back side of the application form to determine if your household has income to report.
- 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 and deductions.
 - Many people think of income as the amount they “take home” 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 check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- 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**.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income 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. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List 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.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List 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.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List 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 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.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. 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 statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed application to:
Oconomowoc High School
Attn: Aramark Foodservice
641 E. Forest Street
Oconomowoc, WI 53066

Optional

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

2023-24 Household Application for Free and Reduced Price School Meals

APPLY ONLINE: www.oasd.org/FoodService

RETURN TO (School/District Name): Oconomowoc Area School District

ADDRESS:

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application; however, this information is necessary for other programs.

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<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"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR? Badgercare, Medicaid, Pandemic-EBT are not eligible.

NO → Go to STEP 3.
 YES → Write case number here and proceed to STEP 4.
 PROGRAM NAME: _____ CASE NUMBER (NOT EBT NUMBER): _____

Badgercare, Medicaid, Pandemic-EBT are not eligible. Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. 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)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?						
		Weekly	Every 2Weeks	2xMonth	Monthly	Annual		Weekly	Every 2Weeks	2xMonth	Monthly		Weekly	Every 2Weeks	2xMonth	Monthly			
	\$	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Required: Total Household Members (Children and Adults)
 Required: Last Four Numbers of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member or Check Box if No SSN
 Check Box if No SSN

Please see application's back for list of income sources.

B. Child Income
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form **Required:** Signature of Adult Today's Date

Mailing Address (if available) City State Zip Phone (optional) Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Child support payments Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. ***Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

DO NOT FILL OUT

For school use only. If all students listed on this application attend CEP schools, the processing of this application cannot be paid for by the nonprofit school food service account.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining Official's Signature	Date	Confirming Official's Signature		Date	Verifying Official's Signature		Date			

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.

2023-24 Alternate Household Income Form

Complete one form per household.

Your school participates in the Community Eligibility Provision, which means all students qualify for free meals. However, to determine eligibility to receive additional benefits beyond free meals for your child(ren) and school, please complete this alternate household income form. **Return this form to:** Oconomowoc Area School District

Section 1: Student Information

Instructions: List all students in the household, through grade 12. If any child you are listing is a foster child; homeless, migrant, or runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade	School Child Attends	Foster	Homeless, Migrant, or 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"/>

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

Section 2: Household Income

Instructions: Your household size is the total number of people, including all children and adults, related and un-related, that live in a single dwelling and share income and expenses. Please mark your household size and then select the applicable yearly total household income range under the number of people in the household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Household Size	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Income Range	<input type="checkbox"/> \$0 up to \$26,973.00	<input type="checkbox"/> \$0 up to \$36,482.00	<input type="checkbox"/> \$0 up to \$45,991.00	<input type="checkbox"/> \$0 up to \$55,500.00	<input type="checkbox"/> \$0 up to \$65,009.00	<input type="checkbox"/> \$0 up to \$74,518.00	<input type="checkbox"/> \$0 up to \$84,027.00	<input type="checkbox"/> \$0 up to \$93,536.00
	<input type="checkbox"/> \$26,973.01 or more	<input type="checkbox"/> \$36,482.01 or more	<input type="checkbox"/> \$45,991.01 or more	<input type="checkbox"/> \$55,500.01 or more	<input type="checkbox"/> \$65,009.01 or more	<input type="checkbox"/> \$74,518.01 or more	<input type="checkbox"/> \$84,027.01 or more	<input type="checkbox"/> \$93,536.01 or more
If your household has 9 or more people, please enter your information here:				Household Size:	Yearly Household Income:		\$	

Section 3: Sharing of Information for Local Programs

The information on this form may be shared with other programs that your child(ren) may qualify for only with your permission. Information will only be shared with the program if you check the box.

<input type="checkbox"/>	Yes! I DO want school officials to share information from this form with
<input type="checkbox"/>	Yes! I DO want school officials to share information from this form with
<input type="checkbox"/>	Yes! I DO want school officials to share information from this form with
<input type="checkbox"/>	Yes! I DO want school officials to share information from this form with
<input type="checkbox"/>	No! I DO NOT want school officials to share information from this form.

Section 4: Contact Information and Adult Signature

"I certify (promise) that all information on this form is true, and that all income is reported."

Signature		Print Name	
Street Address			Apt#
City		State	Zip Code
Phone Number		Email Address	

DO NOT COMPLETE THIS SECTION. FOR SCHOOL USE ONLY.

Economic Status:	
Economically Disadvantaged (free/reduced)	<input type="checkbox"/>
Non-Economically Disadvantaged (paid)	<input type="checkbox"/>

To be completed by school or district staff member:	
<i>I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.</i>	
Signature: (school or district staff)	
Print Name:	
Date:	

Instructions for School or District Staff:
<ul style="list-style-type: none"> • All cost associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account. • Parental Approval is required to share any student eligibility information needed for local programs (such as fee waivers, backpack programs, etc.). The sharing of information section provides an opportunity for parents to provide that approval in the same form. All local programs that student level information is needed for must be listed in Section 3 by the school or district, so parents can opt into or out of them individually. Add more lines if necessary. Parental consent is not required for State reporting requirements, such as Title 1 or Parental Choice reporting. • For any schools/districts utilizing this form and DO NOT participate in the USDA Child Nutrition Programs, please modify the instructions in the first section and remove all language regarding the Community Eligibility Provision. • For schools not participating in the Community Eligibility Provision (CEP) or National School Lunch Program (NSLP) using the alternate household income form for WISE data reporting should report a student identified as economically disadvantaged on this form as “True” for Economically Disadvantaged Status and “Unknown” for Food Service Eligibility.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information provided on the Free and Reduced Price School Meals Application may be shared with other programs for which your child(ren) may qualify. To share information with the following programs we must obtain your permission. Sending in this form will not change whether your child(ren) receive(s) free or reduced price meals

The District's Student Database system (Skyward) will be configured to waive the annual student fee based upon eligibility for free and reduced price meals. An authorized OASD Business Office personnel will oversee this process to ensure its accuracy.

- Yes! I DO want my meal eligibility status shared with my child's OASD school principal, teacher, and authorized office personnel for the purpose of possible waiver of field trip fees.
- Yes! I DO want my meal eligibility status shared with authorized OASD Summer School personnel for the purpose of waiving summer school fees for academic classes. (Fees for enrichment courses are not waived).
- Yes! I Do want my meal eligibility status shared with OHS Guidance Counselors in order to receive individual career and college planning services for my High School student.
- Yes! I Do want my meal eligibility status shared with OASD Student Services Staff and/or the applicable school club advisor for the purpose of potential receipt of community resources or donations such as Blessings in a Backpack, holiday gifts/meals, lunch boxes, school supplies, etc.
- No, I Do Not want my meal eligibility status shared with any of these programs. *Checking this box will override any selections made above.*

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared confidentially 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 Aramark Food Service at (262) -560-2148 or e-mail at aramark.foodservice@oasd.org.
Return this form to: Oconomowoc High School, Aramark Food Service, 641 East Forest Street, Oconomowoc WI 53066.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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;

or

2) Fax: (833)-256-1665 or (202)-690-7442

Or

3) Email: Program.Intake@usda.gov

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