

2023-24 Muskego-Norway HIGH SCHOOL Free and Reduced Lunch Application

Names of <i>ALL</i> people living in your household (first, middle initial, last)	School/Grade	Please check a box below if the child is: foster child, homeless, migrant, or runaway				Please check if there is NO INCOME	Please check a box below if a member of your household received FoodShare, FDPIR, or W-2 Cash Benefits			Please provide the Case Number (this is NOT a Quest Card number or BadgerCare Insurance)
		Foster	Homeless	Migrant	Runaway		FOODSHARE	FDPIR	W-2	

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Semi-Monthly x24, Monthly x12

Total Annual Income \$ _____ Household size: _____

Eligibility: Free ___ Reduced ___ Denied ___ Reason Denied _____

Determining Official's Signature _____ Date _____

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Name List ONLY household members with income (including the student(s))	Gross Income and how often it is received							
	Work Gross Income before deductions	Is this income Weekly, Bi- Weekly, Semi- Monthly (2x/month) or Monthly	Welfare, Child Support, Alimony Income	Is this income Weekly, Bi- Weekly, Semi- Monthly (2x/month) or Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits	Is this income Weekly, Bi- Weekly, Semi- Monthly (2x/month) or Monthly	Other Income	Is this income Weekly, Bi- Weekly, Semi- Monthly (2x/month) or Monthly
(example) <i>Jane Smith</i>	\$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 _____ Last 4 of Social Security # _____

City, State, Zip _____ I do not have a Social Security #

Phone _____ Email _____

**BY SUBMITTING THIS FORM YOU ARE GIVING MNSD PERMISSION TO USE THIS INFORMATION TO ADJUST FEES,
ACCORDING TO SCHOOL BOARD POLICY.**

USDA Nondiscrimination Statement

Read the full version of the USDA nondiscrimination statement:

[English Statement](#)

[Spanish Statement](#)