

2017-2018 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 receives 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 | |
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DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

Annual Income Conversion: Weeklyx52, Bi-Weeklyx26, Semi-Monthlyx24, Monthlyx12

Total Annual Income_ \$ _____ Household size: _____

Eligibility: Free ___ Reduced ___ Denied ___ Reason Denied _____

Determining Official's Signature _____ Date _____

| 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 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 |
| (example) Jane Smith | \$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