



SCHOOL DISTRICT OF ASHLAND

— EXCELLENCE IN EDUCATION —

ROBERT E. PRATER, *Superintendent*
AMANDA J. TUTOR, *Business Manager*

KATIE R. MATTHIAS, *Director of Student Learning*
MELISSA A. GESSERT, *Director of Student Services*

Dear Parent/Guardian:

Children need healthy meals to learn. The School District of Ashland offers healthy meals every school day. Breakfast costs students \$1.50; lunch costs elementary students \$2.70, middle and high school students \$2.90. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

- WHO CAN GET FREE OR REDUCED PRICE MEALS?** a.) All children in households receiving FoodShare, the Food Distribution Program on Indian Reservations (FDPIR), or W-2 Cash Benefits are eligible for free meals, when listed on the application; b.) Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals; c.) Children participating in their school's Head Start program are eligible for free meals; d.) Children who meet the definition of homeless, runaway, or migrant are eligible for free meals; e.) 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 chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-2023			
Household Size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	8,732	728	168

- 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 haven't been told your children will get free meals, please call or e-mail Homeless Liaison / Migrant Coordinator at (715) 682-7080 / sda@sdak12.net.
- 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: Your child's school or the District Office (2000 Beaser Avenue; Ashland, WI 54806; (715) 682-7080).
- 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?** No, but please read the letter you received carefully and follow the instructions. If all children are listed, then no application is needed; if any children in your household were missing from your eligibility notification letter, please contact the District Office at (715) 682-7080 / sda@sdak12.net immediately.
- DO I NEED TO FILL OUT AN APPLICATION IF MY CHILD ATTENDS A COMMUNITY ELIGIBILITY PROVISION SCHOOL (CEP)?** If your child attends a school that participates in CEP, receipt of free breakfast and lunch meals does not depend on returning this application. However, this information is necessary for other programs and may be used to determine if your household is eligible for additional benefits.
- 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: www.ashland.k12.wi.us > Family Access > Account Log-In > Food Service.
- 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 (up to 30 school days) or when a new eligibility is determined.
- I GET WIC / BADGERCARE PLUS / MEDICAID - CAN MY CHILDREN GET FREE MEALS?** Children in households participating in these programs may be eligible for free or reduced price meals, but it is based on income and household size. Please submit in an application to determine if your household qualifies.
- 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 or experience a financial hardship may become eligible for free or 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: School District of Ashland; Amanda Tutor, Business Manager; 2000 Beaser Avenue; Ashland, WI 54808; (715) 682-7080.
- 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 ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and securely 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.

Please contact the District Office at (715) 682-7080 / sda@sdak12.net if you have any questions about the application process.

The School District of Ashland does not discriminate on the basis of race, color, national origin, sex, disability or age in admission, treatment, or access to any of its programs or activities.

DISTRICT OFFICE • 2000 BEASER AVENUE • ASHLAND, WISCONSIN 54806 • 715-682-7080 • FAX: 715-682-7097



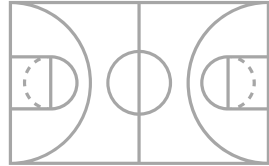
It's More Than A Meal Application

Free and Reduced Meal Applications help in multiple ways:



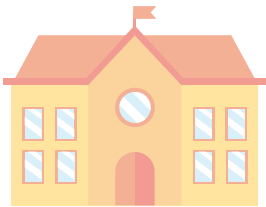
School Funding

Increased funding for schools to ensure that students receive the support they need for a comprehensive education.



Athletics and Activities

Discounts on school-related sports and activities.



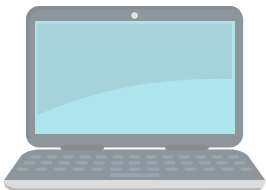
College Application Fees

Discounts on fees associated with applying for college.



Testing Fees

Discounts on SAT, ACT, and AP testing fees.



Technology

Increased technology funds for schools to improve internet access, wireless, and network services.



Pandemic EBT Benefits

P-EBT is a temporary emergency nutrition benefit loaded onto electronic cards for families to purchase food.

2022-2023 Household Application for Free and Reduced Price School Meals

Apply online at: www.ashland.k12.wi.us>Family Access>Login>Food Service.

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

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members If more spaces are required for additional names, attach another sheet of paper.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	Grade	School the child attends or NA if not in school	Foster Child	Homeless, Migrant, 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"/>

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR? Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number	Program Name Required
Write only one case number in this space. Medicaid and Badger Care do not qualify	

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children, and students up to and including grade 12 listed in STEP 1 here.

Child income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only (no cents). 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.

F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.

Name of Adult Household Members (First and Last Name)	C. Earnings from Work	D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit	E. Pensions/Retirement/ Social Security, Other Income	F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.					
	How often?	How often?	How often?						
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	
	\$	\$	\$	\$	\$				\$
	\$	\$	\$	\$	\$				\$
	\$	\$	\$	\$	\$				\$
	\$	\$	\$	\$	\$				\$
	\$	\$	\$	\$	\$				\$

G. Total Household Members (Children and Adults) REQUIRED

--	--

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member REQUIRED or Check box if no SSN

X	X	X	X
---	---	---	---

--	--	--	--

Check box, if no SSN ☐

STEP 4 Contact information and adult signature Return completed form to your school. Insert your school district mailing 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 (check) 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."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)

Printed Name OR Signature of Adult Completing this application REQUIRED

Today's Date Mo./Day/Yr.

INSTRUCTIONS

Source of Income

Sources of Income for Children

Sources of Child Income	Example(s)
– Gross earnings from work	– A child has a regular full or part-time job where they earn a salary or wages
– Social Security – Disability payments – Survivor's benefits	– 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
– Income from person outside the household	– A friend or extended family member regularly gives a child spending money
– Income from any other source	– A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
– Gross salary, wages, cash bonuses – Net income from self-employment (farm or business); FARM —refer to line 3 and 6 of Schedule 1 or line 34 from Schedule F; BUSINESS —line 31 from Schedule C or 1040-Line 8, Wage and Statement, Line 3. If you are in the U.S. Military: – Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) – Allowances for off-base housing, food and clothing	– Unemployment benefits – Worker's compensation – Supplemental Security Income (SSI) – Cash assistance from State or local government – Alimony payments – Child support payments – Veteran's benefits – Strike benefits	– Social Security (including railroad retirement and black lung benefits) – Private pensions or disability benefits – Regular income from trusts or estates – Annuities – Investment income – Earned interest – Rental income – Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

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

☐

Not Hispanic or Latino

Race *Check one or more*

☐

American Indian or Alaskan Native

☐

Asian

☐

Black or African American

☐

Native Hawaiian or Other Pacific Islander

☐

White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?					Household Size	Categorical Eligibility	Eligibility			Date Denied Mo./Day/Yr.	Reason for Denial or Withdrawal
	Weekly	Bi-Weekly	2x Month	Monthly	Yearly			Free	Reduced	Denied		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Determining Official's Signature	Date Mo./Day/Yr.		Confirming Official's Signature		Date Mo./Day/Yr.		Verifying Official's Signature		Date Mo./Day/Yr.			
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
<div>Required for Verification process only</div>												

For schools participating in CEP only:

Are all students on this application from a CEP school?

Yes ☐

No ☐

If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.