



HOT LUNCH PROGRAM 2015-2016

July 10, 2015

To the Parents and Guardians of Assumption Catholic Schools Students:

I hope that you are having a great summer.

In the ever changing world of hot lunch, this year will be one of the least challenging in a while.

The government standards have settled down, so much of the meals will remain the same.

Additionally, the prices for 2015/2016 school year have remained the same as last year.

Our Lady Queen of Heaven	\$ 2.25
St. Vincent de Paul	\$ 2.45
Assumption	\$ 2.85
Extra Entrée (Assumption)	\$ 1.25
Extra Fruit (Assumption)	\$.50
Breakfast	\$ 1.30
Milk	\$.50
AMS Snack	\$.75
Snack and Milk or Juice	\$ 1.25
Adult Meals	\$ 3.40

If your student hasn't taken hot lunch for a year or two, I would like to welcome them back. Our hot lunch manufacturers have adapted their recipes to be in line with government standards; therefore, many of the old favorites are back, making lunch tastier and healthier for the students. Each month a new Hot Lunch Calendar will be sent home in the Friday Folders listing the menu for each day.

Please look closely at the Free and Reduced form that is enclosed in this mailing. If you are close to the income listed please fill out the form and return it to me. If you qualify for Free/Reduced lunches, it not only helps you, but the schools as well, as the numbers are used for grant requests. Your application is kept completely confidential. If you have questions, please feel free to call me. If I am out of the office, please leave a message and I will return your call as soon as I return.

The Hot Lunch program is a debit program; meaning you must pay before your child can eat. Outstanding balances must be paid before school starts in the fall, or your child will not be allowed to eat hot lunch. Please check your student account on RenWeb often. Lunch bills are sent out through Central Office. If you have any questions, please contact Michelle Haas at 422-0917.

Thank you,

Cathy Goodness



2015-2016 MONTHLY HOT LUNCH TOTALS BY SCHOOL

MONTH	OLQH	ST. VINCENT	ASSUMPTION
AUGUST	\$ 2.25	\$ 2.45	\$ 17.10
SEPTEMBER	\$ 45.00	\$ 49.00	\$ 57.00
OCTOBER	\$ 47.25	\$ 54.45	\$ 59.85
NOVEMBER	\$ 42.75	\$ 46.55	\$ 54.15
DECEMBER	\$ 38.25	\$ 41.65	\$ 48.45
JANUARY	\$ 42.75	\$ 46.55	\$ 54.15
FEBRUARY	\$ 47.25	\$ 51.45	\$ 59.85
MARCH	\$ 38.25	\$ 41.65	\$ 48.45
APRIL	\$ 45.00	\$ 49.00	\$ 57.00
MAY	\$ 47.25	\$ 51.45	\$ 59.85
JUNE	\$ 4.50	\$ 4.90	\$ 5.70
YEARLY TOTAL	\$ 400.50	\$ 436.10	\$ 521.55

2015-2016 MONTHLY MORNING MILK

MONTHLY SNACK w/ milk or juice

MONTH	GRADES 1-5	KINDERGARTEN	MONTH	MIDDLE SCHOOL
AUGUST	\$.50	Flat yearly fee.	AUGUST	\$.00
SEPTEMBER	\$ 10.00	\$ 50.00	SEPTEMBER	\$ 25.00
OCTOBER	\$ 10.50		OCTOBER	\$ 26.25
NOVEMBER	\$ 9.50		NOVEMBER	\$ 23.75
DECEMBER	\$ 8.50		DECEMBER	\$ 21.25
JANUARY	\$ 9.50		JANUARY	\$ 23.75
FEBRUARY	\$ 10.50		FEBRUARY	\$ 26.25
MARCH	\$ 8.50		MARCH	\$ 21.25
APRIL	\$ 10.00		APRIL	\$ 25.00
MAY	\$ 10.00		MAY	\$ 25.00
JUNE	\$ 1.00		JUNE	\$ 2.50
YEARLY TOTAL	\$ 78.50		YEARLY TOTAL	\$ 220.00

2015-2016 MONTHLY BREAKFAST TOTALS BY SCHOOL

MONTH	OLQH & ST. VINCENT	ASSUMPTION
AUGUST	\$ 1.30	\$ 7.80
SEPTEMBER	\$ 26.00	\$ 26.00
OCTOBER	\$ 27.30	\$ 27.30
NOVEMBER	\$ 24.70	\$ 24.70
DECEMBER	\$ 22.10	\$ 22.10
JANUARY	\$ 24.70	\$ 24.70
FEBRUARY	\$ 27.30	\$ 27.30
MARCH	\$ 22.10	\$ 22.10
APRIL	\$ 26.00	\$ 26.00
MAY	\$ 24.70	\$ 24.70
JUNE	\$ 2.60	\$ 2.60
YEARLY TOTAL	\$ 228.80	\$ 235.30

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit **one** application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children 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 **[School/school district contact here---phone & email preferred]**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 WHO ARE HOUSEHOLD MEMBERS

Tell us how many infants, children, and 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 foster arrangement, or qualify as homeless, migrant, runaway youth, or Head Start;
- Students attending **[school/school system here]**, *regardless of age*.

A) List each child's name. For each child, print their first name, middle initial and last name. Use one line of the application for each child. When writing names, print 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 with all required information for the additional children.

B) List the name of the school the child attends or N/A if the child does not attend school.

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. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

E) Are any children in Head Start? If any child is enrolled in a Head Start Program, check the Head Start box after the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: FOODSHARE, W-2 CASH BENEFITS, OR FDPIR?

If anyone in your household participates in 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:

- **Circle ‘NO’ and skip to STEP 3 on these instructions and STEP 3 on your application.**
- **Leave STEP 2 blank.**

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Circle ‘YES’ and provide a case number for FoodShare, W-2 Cash Benefits, or FDPIR.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your case worker. **You must provide a case number on your application if you circled “YES”.** Please note: A BadgerCare case number cannot be used on this application, only the programs listed above.
- **Skip to STEP 4, leave STEP 3 blank.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report 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. It is optional for the household to list foster children living with them as part of the 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. Use the chart below to determine if your household has child income to report.

Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wages.
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor’s Benefits 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if 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.
- Children and students already listed in Step 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section 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 or 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 be counted as zeroes. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B) List Adult Household member's name. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Refer to the chart titled “Sources of Income for Adults” in these instructions and report 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.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from Public Assistance/Child Support/Alimony/SSI/VA Benefits. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony/SSI/VA Benefits” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from Pensions/Retirement/Social Security/All other income. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/Social Security, Other Income” field on the application.

F) Special Situations. For seasonal workers and others whose income fluctuates and usually earn more money in some months than others. In these situations, project the annual rate of income and report that. This includes workers with annual employment contracts but may choose to have salaries paid over a shorter period of time. This includes school employees.

G) Report 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 determines your income cutoff for free and reduced price meals.

H) Provide the last four digits of your Social Security Number. The household’s primary wage earner or another 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 SSN.”

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Child Support /Alimony	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

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 privacy and civil rights statements on the back of the application.**

A) Provide your contact information. Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

C) Write Today’s Date. In the space provided, write today’s date in the box.

D) 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.**

2015-2016 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

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	School the Child Attends or NA if not in school	Homeless, Foster Child, Migrant, Runaway, Head Start
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<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 FDIPIR?

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:

Write only one case number in this space.

Note: Do not include BadgerCare in Step 2

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

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 of all Household Members listed in STEP 1 here.

Child income \$

How often? Weekly Bi-Weekly 2x Month Monthly

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 income for each source in whole dollars 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.

F. Special Situations
Seasonal Workers, Annual contract paid over a shorter period of time (school employees), fluctuating income. Annualize income and report here.

Name of Adult Household Members (First and Last)	C. Earnings from Work				D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefits				E. Pensions/Retirement/ Social Security, Other Income				F. Special Situations			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly				
<input type="text"/>	\$ <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="text"/>	\$ <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="text"/>	\$ <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="text"/>	\$ <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"/>	\$ _____

G. Total Household Members (Children and Adults)

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult completing the form	Signature of adult completing the form	Daytime Phone and Email (optional)		Today's date

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):

- White American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander

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.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or

in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

DO NOT 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: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____
Categorical Eligibility: _____	Income Eligibility: Free___ Reduced___ Denied___
Date Withdrawn: _____	Reason for denial or withdrawal: _____
Determining Official's Signature: _____	Date: _____
Confirming Official's Signature: _____	Date: _____
Verifying Official's Signature: _____	Date: _____