



Hot Lunch
 445 Chestnut Street
 Wisconsin Rapids WI 54494
 715-422-0922

July 2019

Hello Everyone,

I hope that you are all having a great summer. Enjoy this time, it goes by way to fast. We offer students a nutritious meal that may have items they are unfamiliar with. Please encourage your students to try new items. **Please remind your student(s) that they must have 3 items on their tray and that one must be a fruit or vegetable.** I will give you some examples of complete trays-

| | |
|------------------|------------------|
| Hamburger on Bun | Hamburger on Bun |
| Beans | Peaches |
| Milk | Milk |

New this year, we will be offering yogurt as an alternative at Our Lady and St. Vincent in place of the main entree'.

We will continue to tweak the menu's and look for fun food that meets the requirements.

Along with the standards for food tray, the DPI has now implemented a pricing formula that I have to follow. So, to keep from having to make a large price increase, (after discussing it with the finance department and Mr. Minter). We need to raise the price of lunches this fall by \$.10. Pricing will be as follows:

AMS/AHS \$3.15
 St. Vincent \$2.75
 Our Lady \$2.55

Milk prices will still be at \$.50 a carton. Breakfast will cost \$1.60. AMS and High School afterschool snack is still free. Please remind your students that they must take both items. Also let them know that I must offer milk with snack.

To assist you in budgeting for the new school year, I have totaled the Hot Lunch costs until Christmas break. They are as follows:

| Our Lady | Breakfast | Lunch | Milk Break |
|-----------|-----------|---------|------------|
| August | \$ 4.80 | \$ 7.65 | \$ 1.50 |
| September | 32.00 | 51.00 | 10.00 |
| October | 35.20 | 56.10 | 11.00 |
| November | 27.20 | 43.35 | 8.50 |
| December | 24.00 | 38.25 | 7.50 |

| | | | |
|-------------|---------|---------|---------|
| St. Vincent | | | |
| August | \$ 4.80 | \$ 8.25 | \$ 1.50 |
| September | 32.00 | 55.00 | 9.50 |
| October | 35.20 | 60.50 | 11.00 |
| November | 27.20 | 46.75 | 8.50 |
| December | 24.00 | 41.25 | 7.50 |

| | | |
|-----------|-----------|--------|
| AHS/AMS | Breakfast | Lunch |
| August | \$ 4.80 | \$9.45 |
| September | 32.00 | 63.00 |
| October | 35.20 | 69.30 |
| November | 27.20 | 53.55 |
| December | 24.00 | 47.25 |

As always, the lunch program is a debit program. Your student must have money in their account before eating. I am including a free /reduced form for you to fill out if you need assistance.

If you have any questions, please feel free to call me at 715-422-0922. I am in and out over the summer, but will return your call as soon as I get the message. My hours during the school year are 7:00-1:30. I look forward to feeding your children this fall.



Cathy Goodness
 Food Service Director
 Assumption Catholic Schools

2019-2020 Household Application for Free and Reduced Price School Meals

Complete one application per household. Use a pen not a pencil.

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members

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

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

| Child's First Name | MI | Child's Last Name | Grade | School the child attends or NA if not in school | Homeless, Foster Child, Migrant, Runaway, or Street |
|--------------------|----|-------------------|-------|---|--|
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDIPIR?

Case Number Program Name (Required) 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 2)

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 | Weekly | Bi-Weekly | 2x-Monthly | Monthly |
|--------------|----------------------|----------------------|----------------------|----------------------|
| \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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.

Name of Adult Household Members (First and Last Name)

C. Earnings from Work

How often?

| Weekly | Bi-Weekly | 2x-Monthly | Monthly |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. Public Assistance/Alimony/SSVA Benefit

How often?

| Weekly | Bi-Weekly | 2x-Monthly | Monthly |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. Pensions/Retirement/Social Security/Other Income

How often?

| Weekly | Bi-Weekly | 2x-Monthly | Monthly |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Name of Adult Household Members (First and Last Name) | Earnings from Work | Public Assistance/Alimony/SSVA Benefit | Pensions/Retirement/Social Security/Other Income | Seasonal Workers and others with fluctuating income, project the annual income and report here. |
|---|--------------------|--|--|---|
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |

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

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 18 of Schedule 1 or line 34 from Schedule F; BUSINESS —refer to line 12 of Schedule 1 or line 31 from Schedule C. 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
 Offices of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW Washington, D.C. 20250-9410
 Fax: (202) 690-7442, or
 Email: program.intake@usda.gov

This institution is an equal opportunity provider.

The above address is for discrimination complaint purposes only.
 Return this complete application to your school, not to USDA.

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 | | | Free | Reduced | Denied | | |
| <input type="text"/> | <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"/> | <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.

Required for Verification process only



August 2019

Menu for AMS and AHS. All menus include milk. Menus subject to change.

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|--|-----|-----|--|--|--|-----|
| This institution is an equal opportunity provider. | | | | 1 | 2 | 3 |
| 4 Students \$3.15 Adults \$4.25 Extra Entre' \$1.50 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 Hamburger/ Chips/Relish Tray/Fruit | 29 Chicken Nuggets/ Mashed Potatoes/ Gravy/ Broccoli/ Fruit | 30 Mozzarella Dippers/ Green Beans/ Fruit | 31 |



ASSUMPTION
CATHOLIC SCHOOLS

August 2019

Snack for Our Lady, AMS and AHS

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|--|-----|-----|-------------------------------------|--|--------------------------------|-----|
| This institution is an equal opportunity provider. | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 Cheddar Chex Mix/ Juice | 29 Chocolate Chip Cookie/ Milk | 30 Vegie Crackers/ Juice | 31 |



ASSUMPTION
CATHOLIC SCHOOLS

August 2019

Menu for all ACS Schools

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|--|-----|-----|------------------------|------------------------|------------------------|-----|
| This institution is an equal opportunity provider. | | | | 1 | 2 | 3 |
| 4 Students \$1.60 Adults \$2.50 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 Donuts/ Fruit | 29 Frudel/ Juice | 30 Muffin/ Fruit | 31 |



August 2019

Menu for Our Lady Queen of Heaven and St. Vincent de Paul

Menu's subject to change. All menus include Milk.

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|--|-----|-----|---|---|--|-----|
| This institution is an equal opportunity provider. | | | | 1 | 2 | 3 |
| 4 Our Lady \$2.55 St. Vincent \$2.75 Adults \$4.25 Milk \$.50 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 Hamburger/ Chips/Relish Tray/Fresh Fruit | 29 Chicken Nuggets/ Mashed Potatoes/ Gravy/ Fruit | 30 Mozzarella Dippers/ Green Beans/ Fruit | 31 |