



**ASSUMPTION B.V.M. CATHOLIC SCHOOL
HOT LUNCH / FOOD SERVICE
109 East Pulaski Street
Pulaski, WI 54162
920-822-5650**

APPLICATION FOR APPLYING FOR REDUCED MEALS

Dear Parents,

Assumption B.V.M. School will be offering reduced meals for the 2017-2018 school year for students who qualify at the cost of \$1.50 each. To qualify for this benefit, your **total household income** must fall within the Federal Income Eligibility Guidelines as listed below. If your **total household income** is at or below what is stated in the chart, please fill out the attached form and send it back to school for review.

FEDERAL ELIGIBILITY		INCOME CHART FOR 2017-18 (Must be at or below)		
	Household size	Yearly	Monthly	Weekly
	1	22,311	1,860	430
	2	30,044	2,504	578
	3	37,777	3,149	727
	4	45,510	3,793	876
	5	53,243	4,437	1,024
	6	60,976	5,082	1,173
	7	68,709	5,726	1,322
	8	76,442	6,371	1,471

Upon reviewing your application and the necessary forms that are needed to verify income, you will be notified as to your status in regard to receiving reduced meals. If you have any questions in regard to this letter, please call Deanne at the school office at (920) 822-5650.

Sincerely,

According to State Statute 111.321, Assumption B.V.M. School does not discriminate on the basis of sex, race or national origin in enrollment and participation of students or employment of personnel.

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HOUSEHOLD MEMBERS			
Names of all people living in your household (First, Middle, Last)	School Name where child attends or put NA for those not in school	Grade:	Mark an x in this box if NO income

Total Gross Income of each person in your household who receives wages.

INCOME				
Household members with an income (First, Middle, Last)	Gross Income amount before deductions.	Indicate: Weekly Monthly Yearly	Other Income**	Indicate: Weekly Monthly Yearly
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

**Other Income includes Welfare, Child Support, Alimony, Pensions, Social Security, etc.

Attach to this Application a copy of your W2 forms from 2016 and a copy of the front cover sheet of your 2016 Income Tax return that clearly shows your **adjusted gross income** and send or drop off in the school office for review. **All information is kept strictly confidential.**

I certify that all information on this application is correct to the best of my knowledge.

Parent Signature: _____

Print Name: _____ Date: _____