

Your school participates in the Community Eligibility Provision, which means all students qualify for free meals. However, to determine eligibility to receive additional benefits beyond free meals for your child(ren) and school, please complete a household income form. Return form to: **RUSD, Food Service, 3109 Mt. Pleasant Street, Racine, WI 53404**, or by **email to: food.service@rusd.org**.

- 1. Select the total number of people in your household.** Be sure to include all children and adults, related and unrelated, that live in a single dwelling and share income and expenses.
- 2. Select the box that represents the range of annual household income.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total number of people in household	2. Select the appropriate range of combined annual income for all people in the household (Include all income sources listed above, before taxes.)	
<input type="checkbox"/> 1 →	<input type="checkbox"/> \$0 - \$23,606	<input type="checkbox"/> At or Above \$23,607
<input type="checkbox"/> 2 →	<input type="checkbox"/> \$0 - \$31,894	<input type="checkbox"/> At or Above \$31,895
<input type="checkbox"/> 3 →	<input type="checkbox"/> \$0 - \$40,182	<input type="checkbox"/> At or Above \$40,183
<input type="checkbox"/> 4 →	<input type="checkbox"/> \$0 - \$48,470	<input type="checkbox"/> At or Above \$48,471
<input type="checkbox"/> 5 →	<input type="checkbox"/> \$0 - \$56,758	<input type="checkbox"/> At or Above \$56,759
<input type="checkbox"/> 6 →	<input type="checkbox"/> \$0 - \$65,046	<input type="checkbox"/> At or Above \$65,047
<input type="checkbox"/> 7 →	<input type="checkbox"/> \$0 - \$73,334	<input type="checkbox"/> At or Above \$73,335
<input type="checkbox"/> 8 →	<input type="checkbox"/> \$0 - \$81,622	<input type="checkbox"/> At or Above \$81,623
<input type="checkbox"/> 9 →	<input type="checkbox"/> \$0 - \$89,910	<input type="checkbox"/> At or Above \$89,911
<input type="checkbox"/> 10 →	<input type="checkbox"/> \$0 - \$98,198	<input type="checkbox"/> At or Above \$98,199
<input type="checkbox"/> 11 →	<input type="checkbox"/> \$0 - \$106,486	<input type="checkbox"/> At or Above \$106,487
<input type="checkbox"/> 12 →	<input type="checkbox"/> \$0 - \$114,774	<input type="checkbox"/> At or Above \$114,775

If household has more than 12 people, fill in the following	
<input type="checkbox"/> SIZE: _____	<input type="checkbox"/> INCOME: _____

List all students in the household. If any child you are applying for is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	Foster	Homeless, Migrant, Runaway	Head Start



2020-2021 Alternate Household Income Form

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Completing the Form (printed)

Signature Today's Date

Street Address (if available), Apt # City State Zip Code

Daytime Phone Email (optional)

CHECKLIST

- Have you included all of your children as household members?
Are both the household size and total household income range boxes checked?
Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Economically Disadvantaged (free/reduced)
Non-Economically Disadvantaged (paid)

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff):

Print Name:

Date:

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.