

2021-22 Alternate Household Income Form

Complete one form per household.

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 this alternate household income form. Return form to: RUSD, Finance/Food Service, 3109 Mt. Pleasant St. Racine, WI 53404.

Section 1: Student Information

Instructions: List all students in the household, through grade 12. If any child you are listing is a foster child; homeless, migrant, or runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade	School Child Attends	Foster	Homeless, Migrant, or 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"/>

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

Section 2: Household Income

Instructions: Your household size is the total number of people, including all children and adults, related and un-related, that live in a single dwelling and share income and expenses. Please mark your household size and then select the applicable income range under the number of people in the household. 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.

Household Size	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4		<input type="checkbox"/> 5		<input type="checkbox"/> 6		<input type="checkbox"/> 7		<input type="checkbox"/> 8	
Income Range	<input type="checkbox"/>	\$0 up to \$23,828.00	<input type="checkbox"/>	\$0 up to \$32,227.00	<input type="checkbox"/>	\$0 up to \$40,626.00	<input type="checkbox"/>	\$0 up to \$49,025.00	<input type="checkbox"/>	\$0 up to \$57,424.00	<input type="checkbox"/>	\$0 up to \$65,823.00	<input type="checkbox"/>	\$0 up to \$74,222.00	<input type="checkbox"/>	\$0 up to \$82,621.00
	<input type="checkbox"/>	\$23,828.01 or more	<input type="checkbox"/>	\$32,227.01 or more	<input type="checkbox"/>	\$40,626.01 or more	<input type="checkbox"/>	\$49,025.01 or more	<input type="checkbox"/>	\$57,424.01 or more	<input type="checkbox"/>	\$65,823.00 or more	<input type="checkbox"/>	\$74,222.01 or more	<input type="checkbox"/>	\$82,621.00 or more
If your household has 9 or more people, please enter your information here:							Household Size: _____			Household Income: \$ _____						

Section 3: Sharing of Information for Local Programs

The information on this form may be shared with other programs that your child(ren) may qualify for only with your permission. Information will only be shared with the program if you check the box.

<input type="checkbox"/>	Yes! I DO want school officials to share information from this form with
<input type="checkbox"/>	Yes! I DO want school officials to share information from this form with
<input type="checkbox"/>	Yes! I DO want school officials to share information from this form with
<input type="checkbox"/>	Yes! I DO want school officials to share information from this form with
<input type="checkbox"/>	No! I DO NOT want school officials to share information from this form.

Section 4: Contact Information and Adult Signature

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

Signature		Print Name	
Street Address			Apt#
City	State	Zip Code	
Phone Number	Email Address		

Return this form to: The main office of your child's school or RUSD Finance/Food Service, 3109 Mount Pleasant Street, Racine WI 53404

DO NOT COMPLETE THIS SECTION. FOR SCHOOL USE ONLY.

Economic Status:	
Economically Disadvantaged (free/reduced)	<input type="checkbox"/>
Non-Economically Disadvantaged (paid)	<input type="checkbox"/>

To be completed by school or district staff member:	
<i>I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.</i>	
Signature: (school or district staff)	
Print Name:	
Date:	

Instructions for School or District Staff:
<ul style="list-style-type: none"> • All cost associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account. • Parental Approval is required to share any student eligibility information needed for local programs (such as fee waivers, backpack programs, etc.). The sharing of information section provides an opportunity for parents to provide that approval in the same form. All local programs that student level information is needed for must be listed in Section 3 by the school or district, so parents can opt into or out of them individually. Add more lines if necessary. Parental consent is not required for State reporting requirements, such as Title 1 or Parental Choice reporting. • For any schools/districts utilizing this form and DO NOT participate in the USDA Child Nutrition Programs, please modify the instructions in the first section and remove all language regarding the Community Eligibility Provision. • For schools not participating in the Community Eligibility Provision (CEP) or National School Lunch Program (NSLP) using the alternate household income form for WISE data reporting should report a student identified as economically disadvantaged on this form as “True” for Economically Disadvantaged Status and “Unknown” for Food Service Eligibility.

SHARING INFORMATION WITH OTHER PROGRAMS 2021-22

Dear Parent/Guardian:

The information you gave on your Alternate Household Income Form or eligibility established via Direct Certification may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. For more information, you may contact Food Service at 262.631.7082 or email at food.service@rusd.org. **Return this form to: RUSD Finance/Food Service, 3109 Mt. Pleasant Street, Racine, WI 53404 or by email to food.service@rusd.org.**

- Yes! I DO** want school officials to share information from my Alternate Household Income Form/Direct Certification to **waive consumable materials & supply and/or textbook & materials fees.**
- Yes! I DO** want school officials to share information from my Alternate Household Income Form/Direct Certification to **waive athletic participation fees at the middle and high school level.**
- Yes! I DO** want school officials to share information from Alternate Household Income Form/Direct Certification to **waive instrument rental fees, class fees or extended learning program fees.**
- Yes! I DO** want school officials to share information from Alternate Household Income Form/Direct Certification for the purpose of **waiving, AP, IB, PSAT or ACT testing fees (high school only).**

PLEASE LIST ALL RUSD CHILDREN IN THE HOUSEHOLD

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

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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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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