



2024-25 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 this form to: the main office of your child's school.**

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

**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 yearly total household 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	1		2		3		4		5		6		7		8	
Income Range	\$0 up to \$27,861.00	\$0 up to \$37,814.00	\$0 up to \$47,767.00	\$0 up to \$57,720.00	\$0 up to \$67,673.00	\$0 up to \$77,626.00	\$0 up to \$87,579.00	\$0 up to \$97,532.00								
	\$27,861.01 or more	\$37,814.01 or more	\$47,767.01 or more	\$57,720.01 or more	\$67,673.01 or more	\$77,626.01 or more	\$87,579.01 or more	\$97,532.01 or more								

If your household has 9 or more people, please enter your information here: Household Size: _____ Yearly 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 schools for fee waivers and other programs.
<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	

*Completion of this form does not qualify your child/children for Summer EBT. To apply, visit dpi.wi.gov/school-nutrition/summerebt or scan the QR code.



DO NOT COMPLETE THIS SECTION. FOR SCHOOL USE ONLY.

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

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.



Formulario de ingresos alternativos del hogar 2024-25 (2024-25 Alternate Household Income Form)	<i>Completar un formulario por hogar.</i>
Su escuela participa en la Community Eligibility Provision (Disposición de Elegibilidad Comunitaria), lo que significa que todos los estudiantes cumplen los requisitos para recibir comidas sin costo. Sin embargo, para determinar la elegibilidad para recibir beneficios adicionales además de las comidas sin costo para su(s) hijo(s) y su escuela, debe completar este formulario de ingresos alternativos del hogar. Enviar este formulario a: la oficina de la escuela de su hijo(a).	

Sección 1: información sobre el estudiante

Instrucciones: enumerar a todos los estudiantes del hogar, hasta el 12.º grado. Si alguno de los niños que se enumeran es un niño adoptivo, sin hogar, migrante o que se ha escapado de su hogar, o participa del programa Head Start, marque la casilla que corresponda.

Primer nombre del estudiante	Apellido del estudiante	Grado	Escuela a la que asiste	Adoptivo	Sin hogar, Migrante o que se ha escapado	Head Start

**Si necesita más espacio para nombres adicionales, adjunte otra hoja de papel.*

Sección 2: ingresos del hogar

Instrucciones: el tamaño de su hogar es el número total de personas, incluidos todos los niños y adultos, que estén o no emparentados, que vivan en una misma vivienda y compartan los ingresos y los gastos. Marque el tamaño de su hogar y luego seleccione el rango de ingresos que corresponda debajo de la cantidad de personas del hogar. Asegúrese de incluir todas las siguientes fuentes de ingresos: trabajo, ayuda social, manutención de menores, pensión alimentaria, pensiones, jubilación, Social Security (seguro social), SSI, VA, ingresos infantiles o cualquier otro ingreso. El monto debe calcularse antes de cualquier deducción de impuestos, seguro, gastos médicos, manutención de menores, etc.

Tamaño del hogar	1		2		3		4		5		6		7		8	
Rango de ingresos	Desde \$0 hasta \$27,861.00		Desde \$0 hasta \$37,814.00		Desde \$0 hasta \$47,767.00		Desde \$0 hasta \$57,720.00		Desde \$0 hasta \$67,673.00		Desde \$0 hasta \$77,626.00		Desde \$0 hasta \$87,579.00		Desde \$0 hasta \$97,532.00	
	\$27,861.01 o más		\$37,814.01 o más		\$47,767.01 o más		\$57,720.01 o más		\$67,673.01 o más		\$77,626.01 o más		\$87,579.01 o más		\$97,532.01 o más	

Si su hogar tiene 9 integrantes o más, ingrese su información a continuación:	Tamaño del hogar:	Ingresos del hogar	\$
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Sección 3: divulgación de la información con los programas locales

Es posible que, con su autorización, la información de este formulario se comparta con otros programas en los que su(s) hijo(s) califiquen. La información solo se compartirá con el programa si usted marca la casilla.

<input type="checkbox"/>	Sí, QUIERO que las autoridades de las escuela compartan información de este formulario con las escuelas para la exención de cuotas/pagos y otros programas.
<input type="checkbox"/>	Sí, QUIERO que las autoridades de las escuela compartan información de este formulario con
<input type="checkbox"/>	Sí, QUIERO que las autoridades de las escuela compartan información de este formulario con
<input type="checkbox"/>	Sí, QUIERO que las autoridades de las escuela compartan información de este formulario con
<input type="checkbox"/>	No, NO QUIERO que las autoridades de las escuela compartan información de este formulario con

Sección 4: información de contacto y firma del adulto

“Certifico (prometo) que toda la información en este formulario es verdadera y que se declararon todos los ingresos”.

Firma		Nombre en letra de molde	
Dirección			N.º de depto.
Ciudad	Estado	Código postal	
Número de teléfono	Dirección de correo electrónico		

Completar este formulario no significa que su hijo (o hijos) califique para el Programa de Verano de EBT. Para realizar su solicitud, visite el sitio web dpi.wi.gov/school-nutrition/summerebt o escanee el código QR.



NO COMPLETAR ESTA SECCIÓN. SOLO PARA EL USO DE LA ESCUELA.

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Economically Disadvantaged (free/reduced)	
Non-Economically Disadvantaged (paid)	

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<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>	
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