

Cardinal Stritch University Literacy and Math Center - Glendale

**FREE OR REDUCED MEAL ELIGIBILITY CERTIFICATION
for Sliding Scale Tuition Rates 2020-2021**

Student(s) Name: _____

Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Work: _____

Certification: I certify (promise) that all information is accurate and my earnings qualify my child (children) for free or reduced meals and that all income is reported.

_____ Free Meal Eligibility _____ Reduced Meal Eligibility

**Acceptable documents for verifying Free/Reduced lunch eligibility include –
AND MUST ACCOMPANY THIS FORM:**

- 1. Most recent IRS Federal Income Tax forms (first page)**

Signature: _____ Date: _____

Income Eligibility Guidelines from U. S. Federal Government-Determining Eligibility
for Free and Reduced Price Meals or Milk

Family (household) size	Annual Income Level (before deductions)	
	Free Must be at or below figure listed	Reduced Price Must be at or below figure listed
1	\$16,588	\$23,606
2	\$22,412	\$31,894
3	\$28,236	\$40,182
4	\$34,060	\$48,470
5	\$39,884	\$56,758
6	\$45,708	\$65,046
7	\$51,532	\$73,334
8	\$57,356	\$81,622
For each additional household member, add	+\$5,824	+\$8,288



Home and Family Background Information

Date _____

Child's Name _____ Date of Birth _____ Age _____

Child's Demographics: _____ Asian _____ Hispanic or mix with Hispanic _____ White
_____ Black _____ Other/or mix without Hispanic

Family Members: _____

Is there additional pertinent family information that would help us serve your child? _____

Why is your child coming to the Literacy & Math Center at this time? _____

List any major medical problems, past or present: _____

Is your child presently taking prescription medication? _____ yes _____ no

For what reason? _____

How would you rate your child's early development in these areas?

Crawling _____ early _____ normal _____ somewhat late _____ very late
Walking _____ early _____ normal _____ somewhat late _____ very late
Using Words _____ early _____ normal _____ somewhat late _____ very late
Combining Words _____ early _____ normal _____ somewhat late _____ very late

Has your child had any difficulty in any of the following areas?

_____ Vision _____ Memory _____ Early childhood education
_____ Hearing _____ Hyperactivity _____ Attention or concentration problems
_____ Speech _____ Allergies _____ Physical handicaps
_____ Sickle Cell _____ Lead blood levels _____ Referral to a psychologist or psychiatrist
Anemia above average

Please explain: _____

Present School Information and Educational History

School _____ Phone _____

School address _____

Current teacher's name _____ Current grade placement _____

Do we have permission to communicate and exchange print information with school personnel and other institutions serving your child's learning needs? _____

Describe your child's school progress: _____

Was your child ever retained? _____ Accelerated? _____ When? _____

If so, why? _____

With what results? _____

Has your child attended summer school? _____ When? _____

If so, why? _____

Did your child attend preschool before kindergarten? _____ How many years? _____

Has your child had any special testing or multidisciplinary team evaluations at school? _____

Does he/she have an Individualized Education Plan? _____ (If yes, please provide a copy for our records)

Current classroom placement (check all that apply)

_____ Regular _____ Specific Learning Disabilities
_____ Cognitively Disabled _____ Other _____

Has your child participated in an Intervention program at school? _____ What grade(s)? _____

What subject(s) did the Intervention program address? _____

How does your child feel about school? _____

What kinds of reading materials are available in your home? _____

What material does your child use on his/her own initiative? _____ What are his/her interests? _____

What difficulty does your child have with reading?

_____ Sight-word vocabulary _____ Sounding out words/phonics _____ Accuracy
_____ Rhyming, hearing syllables _____ Reading comprehension _____ Expression/rate
_____ Study skills _____ Writing _____ Reading for pleasure
_____ Other

What difficulty does your child have with math?

_____ Basic computations (addition, subtraction) _____ Basic computations (multiplication, division)
_____ Numeration _____ Geometry _____ Measurement
_____ Problem Solving _____ Charts, Tables & Graphs _____ Time
_____ Money _____ Algebra _____ Trigonometry
_____ Calculus

Does your child have difficulty in any of these other areas?

_____ Spelling _____ Completing assignment on time _____ Perseverance
_____ Penmanship _____ Organization _____ Motivation
_____ Written expression _____ Other _____

Has anyone in your family had difficulty with any of the following in school?

_____ Word Recognition _____ Spelling
_____ Reading Comprehension _____ Mathematics
_____ Speech/Language _____ Written Expression
_____ Attention/Concentration

Signature _____ Date _____

It would be extremely helpful to have your child's school send us any reports of previous testing or to inform us of upcoming testing. Please return to the center or mail to:

Cardinal Stritch University Literacy & Math Centers, Box 104, 6801 N. Yates Rd., Milwaukee, WI 53217-3985