

**2022-2023 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION**

<b>Part 1. ALL HOUSEHOLD MEMBERS</b>				
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.  
 NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the school Superintendent at (740)820-3896.**  
 Homeless  Migrant  Runaway

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (total income from all sources before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 weeks	Twice monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 weeks	Twice monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 weeks	Twice monthly	Monthly	All Other Income (indicate frequency, such as "weekly", "monthly", "quarterly", "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/ monthly
	\$ _____	<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"/>	\$ _____ / _____
	\$ _____	<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"/>	\$ _____ / _____
	\$ _____	<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"/>	\$ _____ / _____
	\$ _____	<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"/>	\$ _____ / _____

**Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT:** Your child(ren) may qualify for a waiver of their school instructional fees (instructional materials, loss, damage). Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a waiver to eliminate this fee. Answering this question will not change whether your children will receive free or reduced-price meals. Please check a box:  **Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**  
 **No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_-\_\_\_\_  I do not have a Social Security Number

*This institution is an equal opportunity provider.*

**Part 7. Children's ethnic and racial identities:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

<b>Choose one ethnicity:</b>	<b>Choose one or more (regardless of ethnicity):</b>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

<b>Do not complete this section. Intended for school use only.</b>			
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12			
Total Income: _____	Per: Week, Every 2 Weeks, Twice per Month, Month, Year	Household size: _____	
Categorical Eligibility: ____	Date Withdrawn: _____	Eligibility: Free ____ Reduced ____ Denied ____	Reason: _____
Determining/Approval Official's Signature: _____		Date: _____	
Confirming Official's Signature: _____		Date: _____	
Follow-up Official's Signature: _____		Date: _____	
If selected for Verification, Date Verification Notice Sent: _____		Response Date: _____	2 <sup>nd</sup> Notice Sent: _____ Results Sent: _____
Verification Result: No Change ____ Free to Reduced Price ____ Free to Paid ____ Reduced Price to Free ____ Reduced Price to Paid ____			

INCOME ELIGIBILITY GUIDELINES 2022-2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each Additional Person:	8,732	728	168

*Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.*

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

*This institution is an equal opportunity provider.*