INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child.

Part 2: List the 10-digit case number for any household member (including adults) receiving SNAP or OWF benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 7: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Linda Elegante 440-286-0460

Part 4: Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in part 4. Part 7: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If <u>all</u> children in the household are foster children:

Part 1: List all foster children and the school name and school grade level for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 7: Answer this question if you choose to.

If some of the children in the household are foster children:

Part 1: List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

Part 2: If the household does not have a 10-digit SNAP or OWF case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Linda Elegante 440-286-0460. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- Box 1–Name: List all household members with income.
 - Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 7: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income Box".

- Part 2: If the household does not have a 10-digit SNAP or OWF case number, skip this part.
- Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Linda Elegante 440-286-0460 If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: An adult household member must sign the form and list the last four digits of his or her Social Security Number (or mark the box if s/he doesn't have one).

Part 7: Answer this question if you choose to.

2017-2018 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS																	
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school. School Grade				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				
Part 2 BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Obio Works First (OWF)																	
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 10-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: 10-DIGIT CASE NUMBER:																	
Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless																	
liaison, migrant coordinator at phone #] Homeless Migrant Runaway																	
Part 4. TOTAL HOUSEHOLD GROSS INCOME (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.																	
	2. GROSS I							F W/	۸C								
	2. 00055 1							1									
	Earnings		2 Weeks	Twice Monthly		Welfare,		2 Weeks	Twice Monthly		Pensions, retirement,		Weeks	Monthly		All Other	
	from work	Weekly	We	Vlon	Monthly	child	Weekly	Ň	Vlon	Monthly	Social	Weekly	Ŵ	Von	Monthly	(indicate fr such as "	
	before	We	ry 2	ceľ	Vor	support,	We	Z 2	ce l	Vor	Security,	We	ry 2	ce l	Vlor	"monthly" "	
1. NAME	deductions		Every :	Tĸį	-	alimony		Every :	Twi	-	SSI, VA benefits	-	Every	Twice I		"annu	
(List all household members with income)	 					\$450										*== == (
(Example) Jane Smith	\$200	\square				\$150		\square			\$0					\$ <u>50.00/qu</u>	arterly
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Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees.																	
We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals. Please check a box: Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.																	
🗌 No, I do not agree	to have my m	ieal	app	olica	atior	n used to det	ern	nine	if m	іу с	hild(ren) qualify	y fo	r a f	ee	waiv	/er.	
Signature of Parent/Guardian for the Instructional Fee Waiver Question: Date:																	
Part 6. SIGNATURE AND LAST FOUR D																	
An adult household member must sign the his or her Social Security Number or matter or																	
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get 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 Numb						
Last four digits of your Social Security Number: I do not have a Social Security Number																	
Part 7. Children's ethnic and racial iden	tities (option	al)															
Choose one ethnicity:	Choose o	ne o	or m	ore	e (re	gardless of	ethr	nicity	<u>y):</u>								
 Hispanic/Latino Not Hispanic/Latino 	Asian					merican Ind					Native acific Islander		Blac	k o	r Af	rican Americ	an
		نہ اا	ıt th														
Don't fill out this part. This is for school use only. 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 A Month, Month, Year Household size:																	
Verification Besult: No Change Eree to	Beduced Priz	0		Fr	00 +	o Paid	Ro	duc		Price	to Free	Rode		Dr	ico t	o Paid	

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.	INCOME ELIGIBILITY GUIDELINES 2017-2018									
	Household size	Yearly	Monthly	Weekly						
	1	\$22,311	\$1,860	\$430						
	2	30,044	2,504	578						
	3	37,777	3,149	727						
	4	45,510	3,793	876						
	5	53,243	4,437	1,024						
	6	60,976	5,082	1,173						
	7	68,709	5,726	1,322						
	8	76,442	6,371	1,471						
	Each additional person:	7,733	645	149						

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 do not have to give the information, but if you do not, we 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.

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email: program.intake@usda.gov.

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