2020-2021 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBER	S																	
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade each child/or indicate "NA" if chi school. School				nool grade NA" if child	le level for d is not in			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	
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Part 2. BENEFITS: If any member of your household receives SNAP or OWF benefits, provide the name and 7 or 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: 7 or 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 Edwin Baldwin, 330-876-2810 Homeless																		
Part 4. TOTAL HOUSEHOLD GROSS						•	et all i	inco	ma	on t	ho i	cama lina ac t	ho	nare	on v	who	receive	ac it
Check the box for how often it is received								ncc	те	on t	ne :	same line as	ne	pers	OH V	WIIC	receive	2S II.
2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																		
												Pensions,		(O	>			er Income
	Earnings	_	Weeks	Monthly	λ	\\/olfo		_	Every 2 Weeks	Monthly	V	retirement,	_	Every 2 Weeks	Twice Monthly	>	(in	clude
	from work	eekly	2 W	Mo	Monthly	Welfar		Weekly	>	Mo	Monthly	Social	Weekly	8	Mo	Monthly	as "	ncy, such weekly"
1. NAME	before deductions	We	Every 2	Twice	Mo	alimo		We	ary 2	Twice	Mo	Security, SSI, VA	We	ery ;	ice	Mo	"me	onthly"
(List all nousehold members with	acadolloris		EVE	≥					EVE	≥		benefits		Š	Τ×		"qu	arterly"
income)	\$200	\boxtimes			П	\$150	1	П			П	\$0	П					nually") quarterly
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Part 5. 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 based on the information I give. I unders																		
of the information may cause my childre	n to lose me	al b	enef	its a	nd .	I may be s	ubjec	t to	pros	еси	tion	under State a	nd F	-ede	ral s	stati	utes.	Comanon
Sign here: X				_P	rint	name:								D	ate:			
Address:Phone Number:																		
Last four digits of your Social Security Number:																		
Part 6. Children's ethnic and racial	dentities (opt	iona	I)														
Choose one ethnicity:	Choo	se c	one c	or m	ore	(regardle	ess of	eth	nicit	y):								
☐ Hispanic/Latino	☐ As			-	_	American						_	Blad	ck or	Afr	ica	n Ameri	can
☐ Not Hispanic/Latino	□ WI	nite		L	\	Native Ha	waiia	n oı	othe	er P	acif	fic Islander						
						part. This					•							
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:																		
Categorical Eligibility: Date Withdrawn:Eligibility: Free Reduced Denied Reason:																		
Determining/Approval Official's Signature: Date: Date:																		
Follow-up Official's Signature: Date:																		
If selected for Verification, Date Verification																		
Verification Result: No Change																		

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								
Household size	Yearly	Monthly	Weekly					
1	\$23,606	\$1,968	\$454					
2	31,894	2,658	614					
3	40,182	3,349	773					
4	48,470	4,040	933					
5	56,758	4,730	1,092					
6	63,046	5,421	1,251					
7	73,334	6,112	1,411					
8	81,622	6,802	1,570					
Each additional person:	8,288	691	160					

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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, (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:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410 fax: (202) 690-7442; or

email: program.intake@usda.gov.