2023-2024 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION																			
Part 1. ALL HOUSEHOLD MEMBERS																			
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level child/or indicate "NA" if child is n school. School			not in	ot in court). *If all chi				sibility of wel If all childrei hildren, skip	hild (legal elfare agency or en listed below are ip to Part 5 to sign					Check No Inc				
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]									
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Part 2. BENEFITS: If any member of your household receives SNAP or 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.								r for											
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 [SCHOOL,									, ,										
HOMELESS LIAISON, or MIGRANT COORDINATOR] at [EMAIL] or [PHONE NUMBER].																			
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 INCOME AND HOW OFTEN IT WAS RECEIVED																			
1. NAME	Earnings from work before	/ee	y 2 Weeks	Twice Monthly	Monthly	Publi Assista Chilo Suppo	nce, d	Weekly	Every 2 Weeks Monthly Monthly Leticement' Weekly Weekly Weekly Weekly Weekly Weekly Weekly Weekly Weekla Weeks Weeks Weeks Wonthly Wonthly Wonthly Wonthly Wonthly Wonthly Wonthly Wonthly Weeks Wonthly Wonthly Weeks W			e Monthly	Monthly						
(List all household members with income)	deductions		Every		2	Alimo					2	Income	>	Every	Twice I	2			
(Example) Jane Smith	\$200	\boxtimes				\$150	2		\boxtimes			\$0							
	6					\$						\$							
	6					\$						\$							
	6					\$						\$							
	5					\$						\$							
	6					\$						\$							
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 this application is true and that all income is reported. I understand that the school will receive federal									ct										
funds based on the information of this application is the and that all income is reported. Funderstand that the school will receive rederal 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: XDate:																			
Last four digits of your Social Security Number:																			
Last four digits of your Social Security Number:																			
Part 6. 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.																			
<u>Choose one ethnicity:</u> <u>Choose one or more (regardless of ethnicity):</u>																			
Hispanic/Latino Asian American Indian or Alaska Native Black or African American Not Hispanic/Latino White Native Hawaiian or other Pacific Islander									ו										
Do not complete this section. Intended for school use only																			
Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.																			
Total Income: Per [□ E [,]	very	2 W	/eeks 🗆	⊐ти	vice	per	Mon	ith	Monthly		∃ Ye	early	/			

Do not complete this section. Intended for school use only
Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.
Total Income: Per 🔲 Week 🖾 Every 2 Weeks 🖾 Twice per Month 🖾 Monthly 🖾 Yearly
Household Size Categorical Eligibility:
Determining/Approval Official's SignatureDateDate

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.

INCOME ELIGIBILITY GUIDELINES 2023-2024									
Household size	Yearly	Monthly	Weekly						
1	\$26,973	\$2,248	\$519						
2	36,482	3,041	702						
3	45,991	3,833	885						
4	55,500	4,625	1,068						
5	65,009	5,418	1,251						
6	74,518	6,210	1,434						
7	84,027	7,003	1,616						
8	93,536	7,795	1,799						
Each additional Person:	9,509	793	183						

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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

 fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov