

Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>ALL</u> Household Members (First, Middle Initial, Last)	Name of school and grade	Check if foster child (legal responsibility of welfare agency or court). If all children listed below are foster children, skip to Part 5 and sign this form.	Check if no income
	Level for each child or indicate N/A if child is not in school		
	School	Grade	
1)			<input type="checkbox"/>
2)			<input type="checkbox"/>
3)			<input type="checkbox"/>
4)			<input type="checkbox"/>
5)			<input type="checkbox"/>
6)			<input type="checkbox"/>
7)			<input type="checkbox"/>

Part 2. **BENEFITS** If any member of your household receives SNAP or OWF Benefits, provide the name and the 7 Digit CASE # for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ 7 (Seven) DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Lindsay White at 513-867-3500.

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.

1. NAME (List all members with income) 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED

	Earnings from work before deductions	Frequency				Welfare, child support, alimony	Frequency				Pensions, retirement Social Security, SSI, VA benefits	Frequency				All Other Income (include frequency, weekly, monthly, quarterly, annually)
		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly	
(Example) John Smith	\$200	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / quarterly
1)	\$	<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"/>	\$
2)	\$	<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"/>	\$
3)	\$	<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"/>	\$
4)	\$	<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"/>	\$
5)	\$	<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"/>	\$
6)	\$	<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"/>	\$
7)	\$	<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. 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 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 meal application used to determine if my child(ren) qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question _____ Date _____

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

An adult member of the household 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 the Privacy Act Statement on the back of this page).

I certify (promise) that all the information on this application is true and all the 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 if I purposely give false information, my child may lose meal benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: OHIO Zip: _____

Phone # _____ Last four digits of Social Security Number :

I do not have a Social Security Number

Part 7 Children's Ethnic and Racial Identities (optional)

Choose one ethnicity: Hispanic/Latino Non Hispanic/Latino Asian White Black or African American American Indian or Alaska Native Native Hawaiian of other Pacific Islander

Do Not Fill Out This Part For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x24, Monthly x 12 Household Size : _____

Total Income: _____ PER Week Every Two Weeks Twice a Month Monthly Yearly

Category Eligible: _____ Date Withdrawn: _____ Eligible Free: _____ Reduced: _____ Denied: _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change Free to Reduced Price Free to Paid Reduced Price to Free Reduced Price to Paid