2022-2023 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

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Part 1. ALL HOUSEHOLD MEMBERS							_												
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. 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 No Inc						
	Grade																		
Part 2 RENEEITS: If any member of your h	ousehold rec	oive	3c Si	unnla	mai	 	۸۵	cict	anc	<u> </u>)ro	gram (SNAD)	or	Ohi	- M	lork	c Eire	_	_
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 [SCHOOL, HOMELESS LIAISON, or MIGRANT COORDINATOR] at [EMAIL] or [PHONE NUMBER]. 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.										he									
1. NAME (List all household members with income)	2. GROSS II	NCC	- NE	ANI	п на	OW OFTEN	IT V	VΔ	S D	FC	ΕI\	/ED							
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	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	M4-:-451:	MOTITING	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	freq "we	Other Ir (indica uency, s ekly" "m "quartei "annual	te such as onthly" rly"
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Do not complete this section. Intended 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 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Categorical Eligibility: Date Withdrawn: Eligibility: Free Reduced Denied Reason:								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 nd Notice Sent: Results Sent:								
Verification Result: No Change Free to Reduced Price Free to Paid Reduced Price to Free Reduced Price to Paid								

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,

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						

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.

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

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

This institution is an equal opportunity provider.