2018-2019 FREE	AND RED	)U(	CED	P	RIC	E SCH	οοι	. M	EA	LS	FA	MI	LY APP	LIC	CAT	ΓΙΟ	Ν			
Part 1. ALL HOUSEHOLD MEMBER	S																			
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of each chi school.	ld/o	nool or ind nool	and licat	scl e "ľ	hool grade NA" if chile	e leve d is n Gra	ot ir	n c	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.				if No	eck ome					
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<b>Part 2. BENEFITS:</b> If any member of for the person who receives benefits a														nd 7	7 or ′	10-c	ligi	t case n	umbe	÷r
NAME:				_ 7	or	10-DIGIT	CAS	ΕN	UME	BER	:									
Part 3. If any child you are applying	j for is hor	nele	ess,	mig	jrar	nt, or a ru	inawa	ay c	hec	k th	e a	ppro	opriate b	ох а	and	call	E	dwin Ba	Idwin	ί,
330-876-2810 Homeless	Migrant					iy 🗌														
Part 4. TOTAL HOUSEHOLD GROSS Check the box for how often it is received								inco	ome	on t	hes	sam	e line as t	the	pers	ion v	who	) receiv	es it.	
	2. GROSS							IT V	VAS	RE	CE	VE	0							
													ensions,			\ \	1	All Oth	er In	come
	Earnings from work	Weekly	Weeks	Twice Monthly	Monthly	Welfa		Weekly	Every 2 Weeks	Twice Monthly	Monthly	ret	irement, Social	Weekly	Every 2 Weeks	Twice Monthly	Monthly			such
1. NAME	before	Vee	2	≥ e	lon	child sup alimor		Vee	< 2	<u>م</u>	lon		ecurity,	Vee	y 2	ē	lon	as "	week	
(List all household members with	deductions	>	Every	vic	≥	aimoi	ny	>	veŋ	vic	Z		SI, VÁ	>	ver	vic	≥		arter	
income)			Ш	ŕ					Ш	ŕ		b	enefits		ш	ŕ			nually	
(Example) Jane Smith	\$200	$\square$				\$150	)		$\square$				\$0					\$50 /		
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Part 5. SIGNATURE AND LAST FOU An adult household member must sign digits of his or her Social Security I 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 children Sign here: X	n the applic Number or this applica stand that so n to lose me	atio <b>ma</b> tion choc eal b	n. If rk th is tru of office enef	Par le " cials its a P	t 4 I dc nd t ma nd rint	is comple o not have that all inclusive ay verify (c I may be s name:	eted, e a S ome is check) subjec	the ocia s rep the t to	adu al Se porte info pros	ed. I rma ecu	ign ity una tion tion	ing Nur lerst . I ui und	the form nber" bo and that th nderstand fer State a	mu x. ( he s tha nd l	See choo t deli Fede D	Priv ol win ibera eral s Date	/ac <u>y</u> II ge ate stat	y Act St et Feder misrepro utes.	atem al fun esenta	ent ds ation
Last four digits of your Social Security						l	_] I d	o no	ot ha	ive a	a So	ocia	Security	Nu	mbe	r				
Part 6. Children's ethnic and racial	1	•																		
Choose one ethnicity:	<u>Choo</u>	se o	one	or m	ore	e (regardle	ess of	eth	nicit	<u>y):</u>										
Hispanic/Latino						American								Bla	ck or	r Afr	rica	in Amer	ican	
Not Hispanic/Latino		hite				Native Ha	waiia	n oi	oth	er P	acif	ic Is	lander							
	D	on't	fill o	ut t	his	part. This	is for	sch	ool u	lse	only	<i>.</i>								
	ome Convers			-		-								-						
	_Week, ∏E	-																		
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 <sup>nd</sup> Notice Sent: Results Sent:																				
Verification Result: No Change	Free to Rec	luce	d Prie	ce		Free to F	Paid		Rec	luce	d Pr	ice t	o Free	1	Redu	iced	Pri	ce to Pai	d	

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	\$22,459	\$1,872	\$432						
2	30,451	2,538	586						
3	38,443	3,204	740						
4	46,435	3,870	893						
5	54,427	4,536	1,047						
6	62,419	5,202	1,201						
7	70,411	5,868	1,355						
8	78,403	6,534	1,508						
Each additional person:	7,992	666	154						

## 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.