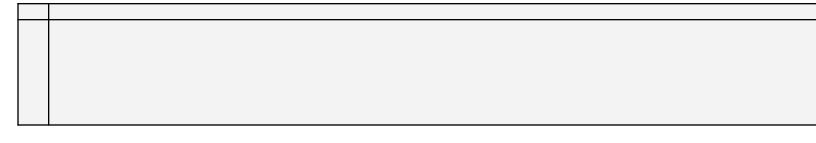
## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part	1. ALL HOUSEHOLD MEMBERS (	(USE A	<b>SEPARATE APPLI</b>	ICATIO	N FO	R EA	CH FC	STE	R CHI	LD)						
	nes of household members	Schoo	School Name for Each Child			10-digit Supplemental Nutrition Assistance Program*										
(First, Middle Initial, Last)						NP, Foo	No Income									
						P* or (										
															<u> </u>	
Part 2. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]  Homeless   Homeless   Runaway   Runaway																
Part 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court,																
chec	ck this box 🛭 and then list the amou	nt of the	e child's personal us	se mon	thly in	come	: \$			Skip t	o Par	t 5.				
Part	4. TOTAL HOUSEHOLD GROSS I	NCOM	E—You must tell u	s how	much	and	how c	often								
1. NAME 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																
•	all household members with	Earr	Earnings from work V			Welfare, child			Pensions,				All Other Income			
income)			re deductions	support, alimony			retirement, Social									
			\	01507	\$150/every other				Security				,			
(Example) Jane Smith			)/weekly	\$ <u>150/</u> week	<u>every</u>	<u>otner</u>		\$100/monthly					\$			
	\$ /			\$ /				\$ /				\$ /				
			<b>*</b>						·				Ť			
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		\$	/	\$	/			\$	/				\$_			
Part	5. SCHOOL INSTRUCTIONAL FEE WA	IVER A	DILLT CONSENT: Yo	ur child(	ren) m	av aus	alify for	a wai	ver of t	heir s	chool i	netruc	tional f	- - - - - - - -	Ve must have vour	
	ission to share your meal application info															
	children will get free or reduced price me		1 1: 4: d 4 d		. :6	- 1- !! -17		!! 6 . 6	<b>.</b>							
Pleas	se check a box: () Yes I agree to have () No, I do not agree to											er				
Signa	ature of Parent/Guardian for the Instruction												ate:			
Part 6. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)																
	dult household member must sign the															
	urity Number or mark the "I do no		•			•		•						•	• ,	
I certify (promise) that all information on this application is true and that all 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																
	mation, my children may lose meal i					JONY LI	10 11110	,,,,,,ati	011. 1 0	111001	otarra	tirat ii	, pui,	30001	give falce	
Sign here: XDate:Date:																
Address:Phone Number:																
Social Security Number: I do not have a Social Security Number																
Part 7. Children's ethnic and racial identities (optional)																
Choose one ethnicity:			Choose one or more (regardless of ethnicity):													
Hispanic/Latino			Asian American Indian or Alaska Native													
☐ Not Hispanic/Latino			☐ White ☐ Native Hawaiian or other Pacific Islander													
☐ Black or African American																
	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:																
Temporary: Free Reduced Time Period: (expires after days)																
	Determining/Approval Official's Signatu Confirming Official's Signature:	ire:	Date:	_ Follow	-un Of	ficial'e	Signat	nre.				Dat	e.			
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\* SNAP: Food Assistance Program (formerly the Food Stamp Program)

officials to help them look into violations of program rules.

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (SNAP, former Food Stamp Program), Ohio Works First (OWF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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