2021-2022 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 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.								eck if Income
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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.																	
NAME:		7	-DIGIT	CASE	NUME	ER:											
Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school at 937-442-3114. Homeless Migrant Runaway Run																	
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 household members with income) 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																	
	Earnings from work before deductions	W e e k l	E Y e r y 2 W e e e k s	T w i c e M o n t	M o n t h l y	Welfare, child support, allmony	e k I y	Every 2W a ek	T w l c e M o n t	. M o n t h l	Pensions, retirement, Social Security, SSI, VA benefits	W o e k l	E v e r y 2 W e e k s	T w i c e M o n t	M o n t h l y	All Other Inco frequency, "weekly" " "quarterly" "	, such as 'monthiv"
(Example) Jane Smith	\$200	Ø		, 		\$150		×	y U		\$0			,		\$50	
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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 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: X																	
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.																	
Choose one ethnicity:		Choose one or more (regardless of ethnicity):															
☐ Hispanic/Latino		☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Native Hawaijan or other Pacific Islander															
□ Not Hispanic/Latino □ Native Hawaiian or other Pacific Islander																	
				. 13476		section. Inten				9 7 (90-)	Co. To a						
						2, Every 2 Wee					Monthly x 12						
Total Income: Per: DWeek, Devery 2 Weeks, DTwice per Month, DMonth, DYear Household size:																	
Categorical Eligibility: Date Withdrawn:Eligibility: Free Reduced Denied Reason:																	
Determining/Approval Official's Signature: Date:																	
Confirming Official's Signature: Date:																	
Confirming Official's Signature: Date: Follow up Official's Signature: Date:																	
If selected for Verification, Date Verification Notice Sent: 2 nd Notice Sent: Results Sent:																	
Verification Result: No Change Fi	ree to Reduced P	rice	Free to	Paid _	Re	duced Price to	Free	Re	duced F	Price to	Paid					- 1. 25%	