

2019-2020 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

| Names of all household members (First, Middle Initial, Last) | Name of school and school 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 if No Income |
|---|---|---|--------------------------|
| | | <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"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

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 or 10-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 or 10-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call, Ms. Vickie Hoffman homeless liaison, migrant coordinator at hoffmanv@triadk12.org 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 household members with income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | | | | | | | | | | | | | |
|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | Earnings from work before deductions | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Welfare, child support, alimony | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Pensions, retirement, Social Security, SSI, VA benefits | Weekly | Every 2 Weeks | Twice Monthly | Monthly | All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually") |
| <i>(Example) Jane Smith</i> | \$200 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$150 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$50.00/quarterly |
| | \$ | <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"/> | \$ / |
| | \$ | <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"/> | \$ / |
| | \$ | <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"/> | \$ / |
| | \$ | <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 will 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 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 get 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 _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of your 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 Not Hispanic/Latino

Choose one or more (regardless of ethnicity): Asian American Indian or Alaska Native Black or African American White Native Hawaiian or other Pacific Islander

Don't fill out this part. This is 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 A 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: _____ 2nd Notice Sent: _____ Results Sent: _____
 Verification Result: No Change Free to Reduced Price Free to Paid Reduced Price to Free Reduced Price to Paid

**U.S. Department of Agriculture (USDA)
INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2019 through June 30, 2020**

Households with total incomes less than or equal to the values below are eligible for free or reduced-price meals.

| HOUSEHOLD SIZE | FREE | | | | | REDUCED | | | | |
|----------------------------|----------|---------|-----------------|-----------------|--------|----------|---------|-----------------|-----------------|--------|
| | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | \$16,237 | \$1,354 | \$677 | \$625 | \$313 | \$23,107 | \$1,926 | \$963 | \$889 | \$445 |
| 2 | 21,983 | 1,832 | 916 | 846 | 423 | 31,284 | 2,607 | 1,304 | 1,204 | 602 |
| 3 | 27,729 | 2,311 | 1,156 | 1,067 | 534 | 39,461 | 3,289 | 1,645 | 1,518 | 759 |
| 4 | 33,475 | 2,790 | 1,395 | 1,288 | 644 | 47,638 | 3,970 | 1,985 | 1,833 | 917 |
| 5 | 39,221 | 3,269 | 1,635 | 1,509 | 755 | 55,815 | 4,652 | 2,326 | 2,147 | 1,074 |
| 6 | 44,967 | 3,748 | 1,874 | 1,730 | 865 | 63,992 | 5,333 | 2,667 | 2,462 | 1,231 |
| 7 | 50,713 | 4,227 | 2,114 | 1,951 | 976 | 72,169 | 6,015 | 3,008 | 2,776 | 1,388 |
| 8 | 56,459 | 4,705 | 2,353 | 2,172 | 1,086 | 80,346 | 6,696 | 3,348 | 3,091 | 1,546 |
| Each Additional Member Add | +5,746 | +479 | +240 | +221 | +111 | +8,177 | +682 | +341 | +315 | +158 |

INCOME CONVERSION:

Weekly Income **x 52 = Annual income**
Every Two Weeks (Every other week, Biweekly) **x 26 = Annual income**
Twice a Month Income (Bimonthly) **x 24 = Annual income**

THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE APPLICATIONS FOR FREE AND REDUCED-PRICED MEALS.