2020-2021 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

2020-2021 I KLL	AND ILL		<u>UL</u>	ו-ט		10L 0011		<u></u>		_/\	LO AI I LIO			111			
Part 1. ALL HOUSEHOLD MEMBERS						.,			1 4								1
Names of <u>all</u> household members	Name of school and grade level for each child/or indicate "NA" if child is not in school.								w	Check if a foster child (legal responsibility of welfare agency or court)							Check if No
(First, Middle Initial, Last)	School Grade								*If all children listed below are foster children, skip to Part 5 to sign this form.							Income	
												느	<u> </u>				
												L]				
												L]				
]				
]				
]				
]				
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 [Gale Andress at mapl_andress@tccsa.net or 419-945-8155. Homeless																	
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.																	
2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																	
			ks	Ŋ				ks	≥		Pensions,		ks	≥		All Other	Incomo
	Earnings	<u>></u>	Every 2 Weeks	Twice Monthly	Ę	Welfare,	<u>></u>	2 Weeks	Twice Monthly	<u></u>	retirement,	<u>></u>	Every 2 Weeks	Monthly	≥	(indicate fr	
	from work before	Weekly	2 \	M	Monthly	child support,	Weekly	2 \	ĭ	Monthly	Social Security,	Weekly	2 <	ĭ	Monthly	such as '	'weekly"
	deductions	>	ery	ice	ĭ	alimony	>	Every :	ice,	ĭ	SSI, VA	>	20	Twice	ĭ	"monthly" "	
1. NAME	40440110110		Ĕ	≥				Ĕ	ļ≥́		benefits		E W	≥		"annu	ıally"
(List all household members with income) (Example) Jane Smith	\$200					\$150		∇			\$0			1 -		\$50.00/ qu	ıarterly
(Example) Jane Sintil	\$		H		H	\$	H			F	\$	F	F		۱F	\$	/
	\$	H	片			\$	片	E		늗	\$	E	녿		╠	\$	/
		닏	띧]		빝		1			느		ᆜ			<i>'</i>
	\$	Щ	Щ	Ш	Ш	\$	Ш	Ц			\$	Ц				\$	/
	\$	Ш	Ш	Ш	Ш	\$	Ш	L			\$	L				\$	
	\$				_	\$					\$					\$	
Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals. Please check a box: Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.																	
☐ No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.																	
Signature of Parent/Guardian:										Da	te:						
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 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				Prin	t na	ıme:									_Da	te:	
Address:											Phone Numb	er:					
Last four digits of your Social Security Number:																	
Part 7. 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 of	ne	or m	ore	(re	gardless of	ethr	nicit	ty):								
☐ Hispanic/Latino ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ Not Hispanic/Latino ☐ White ☐ Native Hawaiian or other Pacific Islander																	