## INSTRUCTIONS FOR APPLYING

# A household member is any child or adult living with you.

# IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the school name and grade level for each child.
- Part 2: List the 7-digit case number for any household member (including adults) receiving SNAP or OWF benefits.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
- **Part 6:** 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.

# IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the school name and school grade level for each child.
- Part 2: Skip this part.
- Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Ana Cervantes De Leon at ana.deleonvenegas@ideapublicschools.org or (513) 570-1683. If not, skip this part.
- Part 4: Complete only if a child in your household is not eligible under Part 3. See Instruction for all other households.
- Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you did not need to complete in part 4.
- **Part 6:** 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.

#### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

#### If all children in the household are foster children:

- Part 1: List all foster children and the school name and grade level for each child. Check the box indicating the child is a foster child.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 6: 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.

#### If some children in the household are foster children:

- **Part 1:** List all household members and the name of school and grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
- Part 2: If the household does not have a 7-digit SNAP or OWF case number, skip this part.
- Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Ana Cervantes De Leon at ana.deleonvenegas@ideapublicschools.org or (513) 570-1683. If not, skip this part.
- Part 4: Follow these instructions to report total household income from this month or last month.
  - Box 1-Name: List all household members with income.
  - Box 2 Gross Income and how often it was received: For each household member, list each type of income received for the month. Check the appropriate box to note how often the person receives the income weekly, every other week, twice a month, or monthly. For earnings, list the gross income not the take-home pay. Gross income is the amount earned before taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, report income after expenses under Earnings from Work. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.
- Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she doesn't have one).
- **Part 6:** 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.

#### ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box".
- Part 2: If the household does not have a SNAP or OWF 7-digit case number, skip this part.
- Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Ana Cervantes De Leon at ana.deleonvenegas@ideapublicschools.org or (513) 570-1683. If not, skip this part.
- Part 4: Follow these instructions to report total household income from this month or last month.
  - Box 1 Name: List all household members with income.
  - Box 2 Gross Income and how often it was received: For each household member, list each type of income received for the month. Check the box to note how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income not the take-home pay. Gross income is the amount earned before taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, report income after expenses under Earnings from Work. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.
- Part 5: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she doesn't have one).

**Part 6:** 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.

### 2022-2023 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

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Part 1. ALL HOUSEHOLD MEME  Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level child/or indicate "NA" if child is r school.				ot in			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.					Chec No In	ck if acome					
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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 NUMBER:																			
Part 3. If any child you are appl	ying for is I	hom	nele	ss,	_ mig	rant, or	a ru	naw	ay	che	ck t	the appropr	iate	bo	x ar	nd ca	all Ar	na Cerv	/antes
De Leon at ana.deleonvenegas@	deapublic																		
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Part 4. TOTAL HOUSEHOLD GR									inc	ome	on	the same lir	ne a	s th	е р	ersor	n who	o recei	ves it.
Check the box for how often it is re						•			10//	• • •	<u> </u>	EWED							
	2. GROSS	INC	,OIV	EA	טא	HOW O		NII	VVA	45 F	EC	EIVED			1	1 1			-
NAME (List all household members with income)	Earnings from work before deductions	/ee	Every 2 Weeks	Twice Monthly	Monthly	Publi Assistar Child Suppo Alimor	nce, d ort,	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly			
(Example) Jane Smith	\$200	$\boxtimes$				\$150	0		$\boxtimes$			\$0							
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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.										Act ederal ederal									
Sign here: X					_Pr	int name	e:									_Date	e:		
Address:Phone Number:																			
Last four digits of your Social Security Number:  Last four digits of your Social Security Number:  I do not have a Social Security Number																			
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										an									

Do not complete this section. Intended for school use only Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.									
Total Income: Per  Week  Every 2 Weeks  Twice per Month  Monthly  Yearly									
Household Size Categorical Eligibility:									
Determining/Approval Official's SignatureDate									
Confirming Official's Signature			Oate						
Follow-up Official's Signature		[	Oate						
Verification Selection, Date Notice Sent	_ Response Date _	2 <sup>nd</sup> Notice	Results Sent						

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 2022-2023								
Household size	Yearly	Monthly	Weekly					
1	\$25,142	\$2,096	\$484					
2	33,874	2,823	652					
3	42,606	3,551	820					
4	51,338	4,279	988					
5	60,070	5,006	1,156					
6	68,802	5,734	1,324					
7	77,534	6,462	1,492					
8	86,266	7,189	1,659					
Each additional Person:	8,732	728	168					

## 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 are not required to provide information, but if information is not provided, the state agency 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.

#### **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov