2023-2024 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS																	
Names of <u>all</u> household members	Name of school and school grade level for each child/or indicate "NA" if child is not in school.						Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children,							Check if No			
(First, Middle Initial, Last)	School Grade skip to Part 5 to sign this form.																
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:																	
Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Defiance City Schools at 419-782-6382. 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.									eck the								
2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																	
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Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12									
Fotal 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Categorical Eligibility: Date Withdrawn: Eligibility: Free Reduced Denied Reason:									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:									
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/erification Result: No Change Free to Reduced Price Free to Paid Reduced Price to Free Reduced Price to Paid									

INCOME ELIGIBILITY GUIDELINES 2023-2024									
Household size	Yearly	Monthly	Weekly						
1	\$26973	\$2248	\$519						
2	36482	3041	702						
3	45991	3833	885						
4	55500	4625	1068						
5	65009	5418	1251						
6	74518	6210	1434						
7	84027	7003	1616						
8	93536	7795	1799						
Each additional person:	9509	793	183						

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

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 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.