

Please read the instructions below and carefully complete the application on the opposite side. Benefits will not become effective until your application has been processed. An incomplete application can not be processed; errors will delay processing and meals benefits. For assistance with this application, call food Service at 740-536-7384.

STEPS FOR SUCCESSFUL COMPLETION OF APPLICATION

1. Use black ink.
2. Print neatly in ALL CAPS.
3. Print only one entry per box.
4. Stay inside the lines.

*Privacy Act Statement: 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 4 digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program (SNAP), Ohio Works First (OWF) or Food distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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 information with education, health, and nutrition programs to help them evaluate, fund or determine benefits, auditors for reviews and law enforcement officials to look for violators of the program.

INCOME * ELIGIBILITY GUIDELINES FOR REDUCED-PRICE BENEFITS
*All household income received before deductions.

Household Size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
Each Additional Household Member	\$9,509	\$793	\$183

APPLICATION INSTRUCTIONS

COMPLETE SECTION 1: ALL APPLICATIONS MUST PROVIDE STUDENT INFORMATION IN SECTION 1.

List all students living in the household that attend Fairfield Union Local Schools (see below for Foster Children). Enter student's school identification number, also known as their pin number. Enter the child's grade along with the school code shown at the bottom of this page. Follow instructions below to complete required sections depending upon the type of application you are submitting.

APPLYING FOR BENEFITS BASED UPON HOUSEHOLD INCOME

Complete Section 1: See instructions above under Application Instructions.

Complete Section 3a: List all gross income received by each student. Leave blank if no income.

Complete Section 3b: List all other people living in this household related or not. List **all gross income** received by each person listed. This is not the same as take-home pay. List **how often** the income is received. Check box if no income.

Complete Section 4: An adult household member must sign and enter the last 4 digits of their Social Security Number or indicate that they do not have one.

FOR HOUSEHOLDS RECEIVING SNAP (FORMERLY FOOD STAMPS) OR OWF

Complete Section 1: See instructions above under Application Instructions.

Complete Section 2: Enter the **7 digit** SNAP or OWF Number for **EACH** child listed (**NOTE:** enter only one number in in each box; **do not enter your Medical Card Number**).

Complete Section 4: An adult household member must sign. A Social Security Number is not required.

FOR FOSTER CHILDREN

If any children in the household are **FOSTER**, please check the box in section 3a indicating they are foster.

List any personal income received by the foster child in section 3a.

Complete section 4: An adult household member must sign. A Social Security Number is not required.

SCHOOL CODES

FAIRFIELD UNION
HIGH SCHOOL
101

RUSHVILLE
MIDDLESCHOOL
102

BREMEN
ELEMENTARY SCHOOL
103

PLEASANTVILLE
ELEMENTARY SCHOOL
104

DO NOT FILL OUT THIS PART. This Is For School Use Only.

Total Income: _____ Household Size: _____

Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____ OWF / SNAP / Foster: _____

Temporary: Free ___ Reduced ___ Expires: _____ First Ext: _____ Second Ext: _____

Confirming Official _____ Date: _____ Follow Up Official _____

Determining Official's Signature: _____ Date: _____

2023-2024 Multi-Child Application for Meal Benefits

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN

You may reach the homeless liaison at 740-536-7384.



FAIRFIELD UNION LOCAL SCHOOL DISTRICT

Paper applications are available at the District Office or any Fairfield Union School Office



1 Print Name for all Students Attending Schools Fairfield Union Schools

Student's ID	Print Name		MI	Last Name	Birthdate			Grade	School Code (See Back)	SNAP or OWF 7 digit case # (See Back)	STUDENT'S Gross Income	
	First Name	Last Name			M	M	Y				Y	Received How Often?



3b All Adults And Children Living In Household But Not Attending Fairfield Union Local Schools

Print first and last name of all adults and children not listed above	SNAP or OWF 7 digit case #	Check Box if No Income	Earnings From work Before Deductions: Job 1	Received How Often?	Welfare Payments, Child Support/Alimony/Other	Received How Often?	Pensions, SSI, VA Retirement, Social Security	Received How Often?



4 * Adult Household Member

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE

If you do not have a Social Security Number mark this box

Address _____

City _____ Zip _____

Home Phone _____ Daytime Phone _____

Parent/Guardian email: _____

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.

This instruction is an equal opportunity provider.

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.

Please sign or Initial _____

Answering this question will not change whether your children get meal benefits.

TO CHECK STATUS OF YOUR APPLICATION CALL 740-536-7384 - STUDENT ID IS REQUIRED

Return to the School Office or mail to the Food Service Office, 6417 Cincinnati-Zanesville Road NE, Lancaster, OH 43130