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.	INCOME * ELIGIBILITY GUIDELINES FOR REDUCED-PRICE BENEFITS *All household income received before deductions.			
<ol><li>Print only one entry per box.</li></ol>	Household Size	Yearly	Monthly	Weekly
4. Stay inside the lines.	1	\$25,142	\$2,096	\$484
*Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application.	2	\$33,874	\$2,823	\$652
You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals.	3	\$42,606	\$3,551	\$820
You must include the last 4 digits of the social security number of the adult household member who signs	4	\$51,338	\$4,279	\$988
the application. The social security number is not required when you apply on behalf of a foster child or you list	5	\$60,070	\$5,006	\$1,156
a Food Stamp Program (SNAP), Ohio Works First (OWF) or Food distribution Program on Indian Reservations	6	\$68,802	\$5,734	\$1,324
(FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member	7	\$77,534	\$6,462	\$1,492
signing the application does not have a social security number. We will use your information to determine if your	8	\$86,266	\$7,189	\$1,659
child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast	Each Additional			
programs. We MAY share your information with education, health, and nutrition programs to help them evaluate,	Household	\$8,732	\$728	\$168
fund or determine benefits, auditors for reviews and law enforcement officials to look for violators of the program.	Member			

#### **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:

ie Daytime ne Phone	*See Privacy Act Statement on Reverse Side Address City Zip	* Adult Household Member If you do not have a Social Security Number mark this box	WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERSHERE		Attending Fatfrield Union Local Schools first and children not listed digit case # No Income g and children not listed digit case # No	COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN You may reach the homeless liaison at 740-536-7384. Student's ID First Name First Name International Students Attending Schools Fairfield Union Schools First Name International International Intern
TO CHECK STATUS OF YOUR APPLICATION CALL 740-536-7384 - STUDENT ID IS REQUIRED	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 celiberate 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 institution is an equal opportunity provider.	ADULT HOUSEHOLD MEMBER MUST SIGN HERE	Mark one ethnicity (Optional):     Mark One or more (regardless of ethnicity - Optional):       O HISPANIC / LATINO     O ASIAN       O NOT HISPANIC / LATINO     O WHITE       O NOT HISPANIC / LATINO     O BLACK OR AFRICA AMERICAN	Monthy     Meekly     Month     Meekly     Month     Moth     Moth     Moth	Earnings From work Before     How Often Did Each       Deductions: Job 1     Received How Often ?     Welfare Payments,Child       \$     Monthly     Every Other Wk     \$       \$     O Monthly     Every Other Wk     \$	S LVING IN HOUSEHOLD ATTE
Return to the School Office or mail to the Food Service Office 6417 Cincinnati-Zanesville Road NE, Lancaster, OH 43130				Manthiy Every Other WK Weekly Cariar A Manth Manthiy Cariar A Manth Weekly Cariar A Manth Manthiy Cariar A Manth Weekly Cariar A Manth Manthiy Cariar A Manth Manthiy Cariar A Manth	How Offen Did Each Person Get Paid Last Month?       Welfare Payments, Child       Support/Alimony/Other       Support/Alimony/Other       Support/Alimony/Other       Support/Alimony/Other       Support/Alimony/Other       Support/Alimony/Other       Support/Alimony/Other	Income How Income How
e Food Service Office, ancaster, OH 43130	Children get meal benefits.	waiver. <b>No. I do not agree</b> to have my meal application used to determine if my childrean cursition for a fee waiver.	School Instructional Fee Waiver Yes. Lagree to have my meal application used to determine if my children vusifiy for a fee		Inity Received How Often ?	Received         How Often ?         Yu       Every Other Wk         Yu       Twice A Month         Yu       Every Other Wk         Yu       Foster         Yu       Twice A Month         Yu       Every Other Wk         Yu       Twice A Month         Yu       Twice A Month         Yu       Every Other Wk         Yu       Foster         Yu       Every Other Wk         Yu       Every Other Wk         Yu       Every Other Wk         Yu       Every Other Wk         Yu       Every Oth