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 or 10-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 937-293-8217. If not, skip this part.
- Part 4: Complete only if a child in your household isn't 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 didn't 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 of the 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 SNAP or OWF 7 or 10-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 937-293-8217. 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 or 10-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 937-293-8217. 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

For Quickest Response, Please Fill, Sign, and Email form to: Applications@stalbertnutritionservice.com or Fax to: (937) 281-1940 Part 1. ALL HOUSEHOLD MEMBERS																			
FAIT I. ALL HOUSEHOLD MEMBER												Check							
Names of <u>all</u> household members	child/or indicate "NA" if child is not in of welfare a										re agency or	gency or court). *If all children							
(First, Middle Initial, Last)	school.										listed below are foster children, skip to Part 5 to sign this form.								
						1													
													Ī						
Part 2. BENEFITS: If any member of your household receives SNAP or OWF benefits, provide the name and 7 or 10-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 937-293-8217. Homeless Migrant Runaway 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.																			
2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
						ks	کار		Pensions,		ks	اج			er Income				
	Earnings from work	⋛	Weeks	Twice Monthly	Welfare child supp alimon			Ş	Every 2 Weeks	Monthly	hly	retirement, Social		Every 2 Weeks	Monthly		frequency, such		
4 NAME	before	Weekly	0	∑ 0	ont	child sup		Weekly	, 2 ,	Σ	Monthly	Security,		/2/	∑ 0	Monthly	as "\	weekly"	
1. NAME (List all household members with	deductions	>	Every	N.	Σ	alimo	ny	>	very	Twice	≥	SSI, VA	ver	Twice	Σ	"mo	onthly" arterly"		
income)			Ш	Ĺ					Ш	Ĺ		benefits		Э	Ĺ		"anı	nually")	
(Example) Jane Smith	\$200	\boxtimes				\$150)					\$0						quarterly	
	\$																	′	
	\$																	<u>'</u>	
	\$																	'	
	\$	_																′	
	\$					\$											\$	′	
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.																			
Sign here: XPrint name:Date:																			
E-Mail:Phone Number:Address:																			
Last four digits of your 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 ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ Not Hispanic/Latino ☐ White ☐ Native Hawaiian or other Pacific Islander																			
Do not complete this section. Intended for school use only.																			
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12 Total Income: Per: Week, Every 2 Weeks, Twice per Month, Month, Year Household size:																			
Total Income: Per: Week, Every 2 Weeks, Twice per Month, Month, Year Household size: Categorical Eligibility: Date Withdrawn:Eligibility: Free_ Reduced_ Denied_ Reason:																			
Categorical Eligibility: Date Withdrawn:Eligibility: Free Reduced Denied Reason: Date: Determining/Approval Official's Signature:																			
Confirming Official's Signature: Date:																			
Follow up Official's Signature: Date: Date: Personse Date: 2 nd Notice Sent: Results R																			
Verification Result: No Change Free																			