

2020-2021 Application for Free and Reduced Price School Meals
USE BLACK INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

LANCASTER CITY SCHOOL DISTRICT
Apply online at: www.lancaster.k12.oh.us

1 List each child living in your household. Mark YES or NO if child attends Lancaster Schools. Enter Grade & School Code. (If more space is needed attach another sheet of paper.)

Form with columns for: Legal First Name, MI, Legal Last Name, Birthdate (M, D, Y), Grade, School Code, Is Student? (Yes/No), Foster Child, Homeless/Migrant/Runaway.

2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDIPIR?

If NO > Go to section 3

If YES > Enter your 7 digit case number here and go to section 4. Do not complete section 3

Case Number: [] [] [] [] [] [] [] []

3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to SECTION 2)

Income Reporting Section with sub-sections A (Child Income) and B (All Adult Household Members). Includes fields for Name of Adult Household Members, Earnings from Work, Child Support/Alimony, Public Assistance, Retirement/Other Income, and How Often?

4 WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE -> Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member * * * - * * - * * - * * Check if no SSN []

5 Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Contact Information fields: Address, City, Zip, Daytime Phone, Printed Name of adult completing the form, Email Address, SIGN HERE, PRINT HERE.

Children's ethnic/race identities (optional): Choose one Ethnicity: [] HISPANIC/LATINO [] HISPANIC/LATINO [] NOT HISPANIC/LATINO [] WHITE [] ASIAN [] BLACK OR AFRICAN AMERICAN [] AMERICAN INDIAN OR ALASKAN NATIVE [] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
FOR FASTER SERVICE APPLY ONLINE. Return paper applications to the Food Service Office, 901 E. Fair Avenue, Lancaster, OH 43130 740-687-7350. This Institution is an Equal Opportunity Provider.