

2021-2022 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.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Legal First Name	MI	Legal Last Name	Birthdate		Grade	School Code	Is Student?		Foster Child	Homeless, Migrant, Runaway
				M	D			Y	Y		
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.											

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)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members in Section 1 here.

B. All Adult Household Members (including yourself)
 List all Household Members not listed in section 1 (including yourself). Record total gross income (before deductions) for each person listed. If no income check the No Income box. RECORD EACH INCOME ONLY ONCE.

Name of Adult Household Members (First and Last)	Check Box if No Income	Earnings from Work	Public Assistance/ Child Support/ Alimony	Pay from Pensions/ Retirement/ All Other Income	Fill in Circle		Fill in Circle	
					How Often ?	How Often ?	How Often ?	How Often ?
		\$	\$	\$	Monthly	Monthly	Monthly	Monthly
		\$	\$	\$	Weekly	Weekly	Weekly	Weekly
		\$	\$	\$	Every Other Wk	Every Other Wk	Every Other Wk	Every Other Wk
		\$	\$	\$	Twice A Month	Twice A Month	Twice A Month	Twice A Month
		\$	\$	\$	Other	Other	Other	Other

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

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."

Address: _____ City: _____ State: _____ Zip: _____ Daytime Phone: _____

Printed Name of adult completing the form: _____ Email Address: _____

Children's ethnic/race identities (optional): Choose one Ethnicity: 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.