

# LANCASTER CITY SCHOOLS

## 2020—2021 APPLICATION INSTRUCTIONS

### FREE & REDUCED-PRICE SCHOOL MEALS

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 meal benefits. For assistance with this application, call the Food Service Department at 740-687-7350.

| STEPS FOR SUCCESSFUL COMPLETION OF APPLICATION   |
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| 1. <b>USE BLACK INK</b>  |
| 2. <b>PRINT NEATLY IN ALL CAPS</b>   |
| 3. <b>ONLY ONE ENTRY PER BOX, STAY INSIDE THE LINES</b>  |
| 4. <b>DO NOT MAKE ANY UNNECESSARY MARKS ON FORM.</b>   |
| <p><b>*Privacy Act Statement: This explains how we will use the information you give us.</b></p> <p>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 four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other 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 eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.</p> <p>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p> |

| INCOME ELIGIBILITY GUIDELINES                    |  |  |                |
|--|--|--|----------------|
| EFFECTIVE FROM JULY 1, 2020 TO JUNE 30, 2021     |  |  |                |
| *All household income received BEFORE deductions |  |  |                |
| Household Size                                   |  |  | REDUCED/Yearly |
| 1  |  |  | \$23,606       |
| 2  |  |  | \$31,894       |
| 3  |  |  | \$40,182       |
| 4  |  |  | \$48,470       |
| 5  |  |  | \$56,758       |
| 6  |  |  | \$65,046       |
| 7  |  |  | \$73,334       |
| 8  |  |  | \$81,622       |
| For each additional household member, add        |  |  | \$8,288        |

### APPLICATION IS ON THE REVERSE SIDE

|   |
|---|
| <p><b>Section 1.</b> List each child living in your household. Mark <b>YES</b> or <b>NO</b> if the child is a student of Lancaster City Schools. If you have more children than lines available, attach a separate piece of paper. If you have Foster children living with you mark the <b>FOSTER</b> box. If <b>HOMELESS, MIGRANT, or RUNAWAY</b> mark the appropriate box. Enter the school code found at the bottom of the page.</p> |
| <p><b>Section 2.</b> Do any household members (including you) currently participate in one or more of the following Assistance Programs: <b>SNAP, TANF, or FDIPIR</b> ? If <b>YES</b>, enter the 7 or 10 digit case number then go to section 4. If <b>NO</b>, skip section 2 and complete section 3.</p>   |
| <p><b>Section 3.</b> List all income and frequency received by each child and adult living in the household. Check the box if No Income. Do not include child support that you <u>pay</u> or the dollar amount of food stamps that you receive.</p>   |
| <p><b>Section 4.</b> Enter the <b>TOTAL</b> number of people living in your household in the box. Enter the last 4 digits of the signer's social security number. Check the box if you do not have a social security number.</p>  |
| <p><b>Section 5. AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.</b> Provide an address and phone number where you can be reached if there are any questions. Return this application to the school office or mail (<b>DO NOT FAX</b>) to the Food Service Office, 901 E. Fair Ave., Lancaster, OH 43130.</p>  |

#### SCHOOL CODES

|                         |                   |                 |                 |                 |
|-------------------------|-------------------|-----------------|-----------------|-----------------|
| Lancaster High School—1 | General Sherman—4 | Thomas Ewing—5  | Gorsuch West—88 | Mt. Pleasant—14 |
| Medill—7                | Tallmadge—15      | Tarhe Trails—13 | Pre-School—65   |                 |