2022-2023 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."

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.

Legal First Name	MI	Legal Last Name	Birthdate (M M / D D / Y Y)	Grade	School Code	Is Student? Yes	Is Student? No	Check all that apply: Foster Child	Check all that apply: Homeless, Migrant, Runaway
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			/ /						
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2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR?

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.**

Child Income $ ____ Fill in Circle — How Often ? — ○ Monthly | Every Other Wk ○ ○ Weekly | Twice A Month ○

Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

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

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WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE → ____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult * * * - * * - ____ **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."

Address ____ City ____ Zip ____ Daytime Phone ____

PRINT HERE — Printed Name of adult completing the form

SIGN HERE

Today's Date

Email Address

Children's ethnic/race identities (optional): **Choose one Ethnicity:** ☐ HISPANIC/ LATINO ☐ NOT HISPANIC/ LATINO **Choose one or more (regardless of Ethnicity):** ☐ 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.