## 2024-2025 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS																		
Name of school and grade level for each																		
Names of all household members	child/or indi		welfare agency				or court)			Check if								
(First, Middle Initial, Last)	school.						*If all children listed below are foste						er c	child	lren,		No I	ncome
	School					Grade	skip to Part 5 to sign this form.											
							_											
Part 2. BENEFITS: If any member of your h																-) bene	fits,	provide the
name and 7-digit case number for the perso NAME:	n who receives be	netit 7	s and	ISKI	D to	Part 5. If no of NUMBER:	one	rece	eives	the	se benefits, <b>ski</b>	p to	Pa	rt 3.	•			
Part 3. If any child you are applying for is	homeless, migr						ppr	opr	iate	box	and call Linds	ey (	3reg	gg a	t gre	eggl@	alav	anda.org or
call Lindsey at 513-273-3111. Homeless	] Migrant □ R	unav	/ay [		_		-	-				-			_			
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.																		
1. NAME																		
(List all household members with income)	2. GROSS INCO	ME A	AND	НΟ\	N OF	TEN IT WAS	RE	CE	VED	)								
						14/ 16		(s)	7		Pensions,		S)	_				
	Earnings from	<u> </u>	/ 2 ks	Fwice Monthly	ļ.	Welfare,	₹	Every 2 Weeks	Twice Monthly	Monthly	retirement, Social	Weekly	Every 2 Weeks	Twice Monthly	hly	All Other Income (indicate frequency, such		
	work before deductions	Weekly	Every 2 Weeks	Se M	Monthly	support,	Weekly	y 2 \	Se M	out	Security,	Vee	72	Se M	Monthly			kly" "monthly"
	deductions	>	ш –	Ĭ,	2	alimony	>	Ever	Twic	2	SSI, VA	>	Ever	Ĭ,	2	"qu	arter	ly" "annually"
(Framenta) Jama Craith	\$200					\$150					benefits \$0					\$5	n nn/	quarterly
(Example) Jane Smith						· ·			-	_	i i					_		/
	\$										\$					\$	-	
	\$										\$					\$		/
	\$					\$					\$					\$		/
	\$					\$					\$					\$		
	\$					\$					\$					\$		
Part 5. SCHOOL INSTRUCTIONAL FEE W	AIVER ADULT C	ONS	ENT	Yo	ur ch	ild(ren) may c	ual	ify fo	or a v	waiv	er of their schoo	ol in:	stru	ctior	nal fe	es. Yo	ur pe	ermission is
Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change														vill not change				
whether your children will receive free or reduced-price meals.																		
Please check a box: Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.																		
<b>–</b> , <b>v</b>	o nave my mear	appı	icau	on t	iseu	to determine				ı(ren	) qualifies for	a ie	e wa	aive	er.			
Signature of Parent/Guardian:								Dat					-					
Part 6. SIGNATURE AND LAST FOUR DIG	ITS OF SOCIAL	SEC	URIT	YN	UMB	ER (ADULT	MU:	ST S	SIGN	I)								
An adult household member must sign the a Security Number or mark the "I do not ha	pplication. I <b>f Part</b> ve a Social Secu	4 IS	com Num	piet her	ea, ti ' box	ne adult sign · (See Privac	ung v Ad	tne	<b>torr</b> aten	<b>n m</b> ı nent	ust also list the	<b>e Ias</b> this	nad	our (	digit	s of ni	s or	ner Social
I certify (promise) that all information on this		•				`	,							,	dera	l funds	hase	ed on the
information I give. I understand that school of																		
children to lose meal benefits and I may be subject to prosecution under state and federal statutes.																		
Sign here: XPrint name:Date:																		
Address:											ber:							
Last four digits of your Social Security Number:																		
Part 7. Children's ethnic and racial identi	ies: We are requi	red t	o asl	c for	infor	mation about	voi	ır ch	ildre	n's r	ace and ethnici	tv. T	his	info	rmat	tion is i	mpoi	tant and helps
to make sure we are fully serving our comm																		
Choose one ethnicity:	Choose one or r	nore	(reg	ardle	ess o	f ethnicity):												
☐ Hispanic/Latino	☐ Asian	ſ	□An	nerio	an Ir	ndian or Alask	a N	ativ	e		☐ Black or Af	rica	n Ar	neri	can			
☐ Not Hispanic/Latino	White		=			aiian or other				nder								
<u> </u>	Do not co	mnl	ete t	his s	secti	on Intended	for	sch	nool	use	only							
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:																		
Categorical Eligibility: Date Withdrawn: Eligibility: Free Reduced Denied Reason:																		
Determining/Approval Official's Signature: Date:																		
Confirming Official's Signature:																		
Follow-up Official's Signature: Date: Date: Date: Particular Sent: Date:																		
Verification Result: No Change Free:	o Reduced Price		Er	on to	Dair	N Rodi	1000	1 Dri	co to	Fro	a Raduca	d D	ice	to E	hic			