

## FREE and REDUCED LUNCH APPLICATION INSTRUCTIONS

St. Andrew School offers free and reduced-price lunches to those families that meet the criteria.

The cost of a reduced lunch is \$.40.

Please complete the attached application and return it to the school as soon as possible. Supporting documentation that verifies household income must be included with your application.

Supporting documentation includes two (2) most recent income statements for all contributing members of the household. The documentation must show the name of the person receiving the income, the date it was received, the amount received, and how often it was received.

Examples of supporting documentation that are acceptable are:

- Paycheck stubs
- Social Security income documentation
- Unemployment income documentation
- Alimony income documentation
- Child Support income documentation

If you receive benefits from Supplemental Nutrition Assistance Program (SNAP), please include a SNAP certification notice that shows dates of certification and Case number.

If you have any questions, please contact Valerie Musolino:

vmusolino@cdeducation.org 451-1626 x134.

## 2022-2023 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALI	L Household Members who are infants, ch	ildren, and stude	nts up t	o and inclu	uding gra	ade 12	2 (if mo	ore spa	ices ar	e requ	ired for	additio	onal nar	nes, atta	ach anoth	er shee	t of pa	aper)	
Definition of <b>Household</b>	Child's First Name	MI	Chile	d's Last Na	ame									Grad	le s	student?		Foster Child	
<b>Member</b> : "Anyone who is living with you and shares																	] [		
income and expenses, even if not related."																	apply		
Children in <b>Foster care</b> and children who meet the																	all that a	H	
definition of Homeless, Migrant or Runaway are																	Check all		
eligible for free meals. Read How to Apply for Free and			_														် ဉ	Ш	
Reduced Price School Meals for more information.																			
STEP 2 Do any	Household Members (including you) curre	ently participate i	n one o	r more of tl	he follov	ving a	ssistaı	nce pro	ograms	s: SNA	P, TAN	F, or Fl	OPIR?						
_											Cac	e Numb	or:						
	If NO > Go to STEP 3. If Y	ES > Write a cas	e numbe	er here then	go to STI	EP 4 <u>(</u> C	Do <u>not c</u>	complet	e STEF	<u> </u>	Cas	e Nullik	Jei.		Write o	nly one ca	ase nur	nber in	this space
STEP 3 Report I	ncome for ALL Household Members (Skip th	nis step if you ansy	vered 'Y	'es' to STEP	P 2)														
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	' '			<u> </u>									How ofte	n?				
	A. Child Income Sometimes children in the household earn or	receive income. Plea	ase inclu	de the TOTA	L income	receive	ed by all	ı		Ch	ild income		Weekly B	i-Weekly 2x	Month Monthly				
	Household Members listed in STEP 1 here.					.000	, a , a , a ,			\$			$\circ$	0 (	0 0				
Are you unsure what	B. All Adult Household Members (inc		elf) even i	if they do not	receive ir	ncome	For eac	ch Hous	ehold M	/lember	listed if	they do	receive ir	ncome re	enort total or	nss inco	me (he	efore ta	xes)
income to include here?	List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.																		
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Worl	K Weel	How ofte	en? x Month Month	Public Assistar				How often?  Ony Weekly Bi-Weekly 2x Month Monthly		onthly	Pensions/Retirement/ All Other Income		nt/ How often?  Weekly Bi-Weekly 2x Month Mon				
of Income" for more information.		\$	C		0 0	)	\$			0	0	0	0	\$		0	0	C	) ()
The "Sources of Income for Children" chart will		\$		) ()	O C		\$			0	0	0 (	0	\$			0	) C	
help you with the Child Income section.		\$		) ()	0 0	)	\$			$\bigcirc$	0	0 (		\$				) (	) ()
The "Sources of Income for Adults" chart will help		\$					\$				$\bigcirc$			\$					
you with the All Adult Household Members		<u> </u>					•												
section.		\$ _			0 0		\$				0	0 (		\$					
	Total Household Members (Children and Adults)	Last Four Digits o Primary Wage Ear		•	` '		Χ	х	χ X	X			С	heck if no	SSN				
OTED 4																			
STEP 4 Contact	information and adult signature. Mail Co	ompleted Form T	o: St. A	indrew Sc	hool 40	)81 Re	ed Rd	l., Colu	mbus,	, Ohio	43220								
	ation on this application is true and that all income is repor ay lose meal benefits, and I may be prosecuted under appl			ation is given in	connection	n with the	e receipt	of Federa	al funds,	and that	school of	icials may	verify (che	eck) the inf	ormation. I ar	n aware th	at if I pu	urposely	give
Street Address (if available)	Apt #	City			St	tate		Zip			Dayt	ime Pho	ne and E	mail (opt	ional)				
Printed name of adult signin	g the form	Signature of	adult								Toda	ay's date							

Sources of Income for Children										
Sources of Child Income	Example(s)									
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages									
Social Security     Disability Payments     Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>									
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money									
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust									

S	ources of Income for Ad	dults
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local government     Alimony payments     Child support payments     Veteran's benefits     Strike benefits	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits     Regular income from     trusts or estates     Annuities     Investment income     Earned interest     Regular cash payments     from outside household

Date

OPTIONA	

OPTIONAL	Children's Racial and Ethnic Identities	
Responding to Ethnicity (check	this section is optional and does not affect your children's eligibility for free one):  Hispanic or Latino Not Hispanic or Latino American Indian or Alaskan Netice.	mation is important and helps to make sure we are fully serving our community.  e or reduced price meals.  Black or African American  Native Hawaiian or Other Pacific Islander  White
not have to give the meals. You must incisigns the application. behalf of a foster ch Assistance for Neec (FDPIR) case numb member signing the determine if your ch the lunch and break nutrition programs to program reviews, ar In accordance with I and policies, the US administering USDA	Issell National School Lunch Act requires the information on this application. You do a information, but if you do not, we cannot approve your child for free or reduced price clude the last four digits of the social security number of the adult household member who are the social security number is not required when you apply on hild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary dy Families (TANF) Program or Food Distribution Program on Indian Reservations over or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to hild is eligible for free or reduced price meals, and for administration and enforcement of clast programs. We MAY share your eligibility information with education, health, and so help them evaluate, fund, or determine benefits for their programs, auditors for not law enforcement officials to help them look into violations of program rules.  Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or A programs are prohibited from discriminating based on race, color, national origin, sex, sprisal or retaliation for prior civil rights activity in any program or activity conducted or	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.  To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:  mail:  U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue, SW  Washington, D.C. 20250-9410  fax: (202) 690-7442; or  email: program.intake@usda.gov.  This institution is an equal opportunity provider.
Do not fill ou	For School Use Only	
Annual Income	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Month	nly x 12

annual moonio conversion. Wook	y A C	, L	•	often?			y:					
otal Income	I	Weekly	Bi-Weekly	2x Month	Monthly	Household Size			Free	Reduced	Denied	
		0	0	0	0		Categorica	l Eligibility	0	0	0	
etermining Official's Signature		Г	Date		(	Confirming Official's	s Signature	Date	Ver	rifying (	Official's S	ignature