## 2021-2022 Household Application for Free and Reduced Price School Meals

## **PYMATUNING VALLEY LOCAL SCHOOLS**

Todav's date

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

Printed name of adult signing the form

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper) Homeless Student? Foster Migrant, Child's Last Name Child's First Name Grade Definition of Household No Yes Child Runaway Member: "Anyone who is living with you and shares income and expenses, even if not related." all that a 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. STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Case Number: > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) If NO Write only one case number in this space. Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) STEP 3 How often? A. Child Income Bi-Weekly 2x Month Monthly Child income Weekly Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself) Are you unsure what 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) income to include here? 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. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ Earnings from Work Child Support/Alimony All Other Income the charts titled "Sources Name of Adult Household Members (First and Last) Weekly Bi-Weekly 2x Month Monthly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly Weekly of Income" for more information The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section. Last Four Digits of Social Security Number (SSN) of **Total Household Members** Check if no SSN XX Primary Wage Earner or Other Adult Household Member (Children and Adults) STEP 4 Contact information and adult signature. Mail completed form to: P.O. Box 1180 Andover, Ohio 44003 "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." City Street Address (if available) Apt# Zip Daytime Phone and Email (optional) State

Signature of adult

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			
<ul><li>Social Security</li><li>Disability Payments</li><li>Survivor's Benefits</li></ul>	<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			

Sources of Income for Adults						
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)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local	<ul> <li>Social Security         <ul> <li>(including railroad</li> <li>retirement and black lung</li> <li>benefits)</li> <li>Private pensions or</li> <li>disability benefits</li> </ul> </li> </ul>				
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	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>				

OPTIONAL Children's Racial and Ethnic Identities			
We are required to ask for information about your children's race and ethnicity. This information Responding to this section is optional and does not affect your children's eligibility for free Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian			
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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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.  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.	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 out For School Use Only			

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Annual income Conversion, weekly x 52, E	•	kS X ∠6, T WIC w often?	: a Month x 24 Monthly x 12		Eligibility:	
Total Income	Weekly Bi-Weekl	ly 2x Month Month	Household Size		Free Reduced Denied	
	0 0	0 0	Categor	ical Eligibility	0 0 0	
Determining Official's Signature	Date		Confirming Official's Signature	Date	Verifying Official's Signature	Date