

OAKWOOD CITY SCHOOL DISTRICT – 2023-2024 Free/Reduced Meals Application

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS. This includes everyone who lives in the home including all adults, infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper. Note: A Foster Child is considered a child with legal responsibility of welfare agency or court).

First Name	MI	Last Name	Student?		If "Yes" Name of School	If "Yes" Grade	Foster Child?	* Homeless, Check	
			Yes	No				Migrant, Runaway	IF NO Income
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Check all that Apply

*If your child is homeless, migrant or a runaway, please contact Frank Eaton, Operations Manager at eaton.frank@oakwoodschoools.org or call 937-297-5332.

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or Ohio Works First (OWF)? Circle one: Yes / No

If **NO** > Go to **STEP 3**.

If **YES** > Write your 7-digit case number below, then go to **STEP 4 (Do not complete STEP 3)**

CASE NUMBER: _____ Write only one 7-digit case number in this space.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2

List any member of the household (adult, infant, child or student) who has any income. Unsure what income to include here? Flip the page and review the charts title "sources of income" for Children and Adults for more information.

For each Household Member WHO HAS INCOME please report total gross income (before taxes) for each source in whole dollars only.

Name of Household Member First & Last	Gross Earnings from Work	How Often?				Social Security/ Public Assistance/ Child Support/Alimony	How Often?				Pensions/Retirement/ All Other Income	How Often?			
		Weekly	Bi Weekly	2x Month	Monthly		Weekly	Bi Weekly	2x Month	Monthly		Weekly	Bi Weekly	2x Month	Monthly
_____	_____	0	0	0	0	_____	0	0	0	0	_____	0	0	0	0
_____	_____	0	0	0	0	_____	0	0	0	0	_____	0	0	0	0
_____	_____	0	0	0	0	_____	0	0	0	0	_____	0	0	0	0
_____	_____	0	0	0	0	_____	0	0	0	0	_____	0	0	0	0
_____	_____	0	0	0	0	_____	0	0	0	0	_____	0	0	0	0

Total Household Members _____ Last Four Digits of Social Security Number (SSN) of Adult Signing This Application XXX - XX - _____ or ... Check here if you have no SSN: _____

STEP 4: 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."

Street Address _____ Apt. # _____ City _____ State _____ Zip Code _____ Daytime Phone or e-mail _____

Signature of adult completing the form _____ Printed name of adult completing the form _____ Today's date _____

STEP 5: School Instructional Fee Waiver Adult Consent: _____

Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals. Please check one box below.

- Yes, I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.
- No, I do not agree to have my meal application used to determine if my children qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: _____ Date: _____

STEP 6: Optional: Children’s Racial & Ethnic Identities

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Non-Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other; White

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/ All other income
- Earnings from work	- A child has a regular full or part time job where they earn a salary or wages	- 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 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 - Rental Income - Regular cash payments from outside household
- Social Security - Disability Payments - Survivor’s Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	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		
- 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			

PLEASE DO NOT WRITE BELOW THIS LINE. THIS IS FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2x Month x 24; Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining/Approval Official’s Signature: _____ Date: _____

Confirming Official’s Signature: _____ Date: _____

Follow-up Official’s Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each Additional Person:	9,509	793	183

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency 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.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

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