

2023-2024 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS																
Names of <u>all</u> household members (First, Middle Initial, Last)			ade level for child is not in			Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.							Check if No Income			
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Part 2. BENEFITS: If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3. NAME:																
Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Stefanie Tuttle at Triway Local Schools at trwy_stuttle@tccsa.net or (330)264-9491 ext:2016 Homeless																
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. 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																
1. NAME	Earnings from work before deductions	Weekly	Bi-Weeks	Bi-Monthly	Monthly	Public Assistance Child Support, Alimony	Weekly	Bi-Weeks	Bi-Monthly	Monthly	Pension s, retireme nt, All other Income	Weekly	Bi-Weeks	Bi-Monthly	Monthly	
(Example) Jane Smith	\$200	\boxtimes				\$150		\boxtimes			\$0					
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Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN) An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.																
Sign here: X														Date:		
ddress:Phone Number:																
Last four digits of your Social Security Number:																
Part 6. Children's ethnic and racial 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. Choose one ethnicity: Hispanic/Latino Choose one or more (regardless of ethnicity): Asian American Indian or Alaska Native Black or African American																
☐ Not Hispanic/Latino				Ī	_	lative Hawai					_					