

Fill out completely and return to school. Sign and date. One form per household.

Instructions for completing form on reverse side. If you need help call Nutrition Services at (216) 696-6525 Ext. 5010

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Building Name	Grade	10-digit Supplemental Nutrition Assistance Program (SNAP, Food Stamp) or Ohio Works First (OWF) case # for any member of the household. Do not use OHIO DIRECTION CARD, Medicaid or Healthy Start #.									

If you listed a SNAP/OWF case number, skip to Part 5.

Part 2. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 5010. Homeless Migrant Runaway

Part 3. Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income. Write "0" if the child has no personal use income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income — You must tell us how much and how often.

1. Name (List all household members.)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	
(Examples) John Smith Jane Smith	\$ 200 /Twice a month	\$ 150 /Monthly	\$ 100 /Weekly	\$ 250 /Monthly	<input type="checkbox"/>
	\$ 200 /Weekly	\$ 150 /Weekly	\$ 100 /Monthly	\$ 250 /Weekly	<input type="checkbox"/>
	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	<input type="checkbox"/>
	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	<input type="checkbox"/>
	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	<input type="checkbox"/>
	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	<input type="checkbox"/>
	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	<input type="checkbox"/>
	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	\$ ____ / _____	<input type="checkbox"/>

Part 5. Signature and 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on attached letter to household.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Social Security Number: _____ - _____ - _____
 Print Name: _____ Date: _____ I do not have a Social Security Number
 Address: _____ City/Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Part 6. Children's racial and ethnic identities (optional)

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino
 Choose one or more (regardless of ethnicity):
 Asian Black or African American Native Hawaiian or other Pacific Islander
 White American Indian or Alaska Native

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Annual Income: _____ Household size: _____ Date Withdrawn: _____
 Eligibility: Categorical: _____ Income Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Expires: _____ (maximum 45 days) Extended to: _____
 Determining/Approval Official's Signature: _____ Date: _____ Signature: _____
 Date Verification Notice Sent _____ Response Date _____ Second Notice Sent _____ Results sent _____
 Verification Result: No Change _____ Free to Reduced Price _____ Free To Paid _____ Reduced Price To Free _____ Reduced Price To Paid _____
 Reason For Eligibility Change: Income _____ Household Size _____ Refused To Cooperate _____ Change In Food Stamp/OWF _____
 Verifying Official Signature: _____ Date: _____ Follow-up Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), or gets Ohio Works First (OWF), follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a household member's **10 digit** SNAP (Food Stamp) or OWF case number. **Do not use OHIO DIRECTION CARD (16 digits in length), Medicaid or Healthy Start Number.**

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If no one in you household gets SNAP or OWF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:

Part 1: List child(ren)'s name, school and grade.

Part 2: Check the appropriate box if any.

Part 3: Skip this part.

Part 4: Complete only if your household isn't eligible under Part 2. See instruction for All Other Households.

Part 5: Sign and date the form. A Social Security Number is not necessary if you did not need to fill out Part 4.

Part 6: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any. Indicate "0" if none. This does not include any funds the Foster Parent(s) receives from the courts for acting as a Foster Parent. This is only the child's personal income (stipend, part-time job, etc.).

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income **from this month or last month.**

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2–Gross income last month and how often it was received: Next to each person's name list each type of income received for the month and how often it was received. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). For example, *Earnings* from work: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received for the month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. For **ONLY** the self-employed under Earnings From Work, report income after expenses. This is for your business, farm or rental property. Next to all amounts write how often the person received it. If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign and date the form and list his or her Social Security Number, or mark the box if he or she doesn't have one. Please provide contact information including address and appropriate telephone numbers.

Part 6: Answer this question if you choose to.