2021-2022 FREE	- / 11 125 - 1 125	-			-		CL 3011					LOAITEIC						
Part 1 ALL HOUSEHOLD MEMBERS									_							ons	ibility of	Check
Names of all household members	Name of school and grade level for each child/or indicate "NA" if child is not in school. Check if a foster child (legal responsibility of welfare agency or court)													if				
(First, Middle Initial, Last)										*If all children listed below are foster children, skip to Part 5 to sign this form.							No Income	
	School				-		Grad	е	_	SK	ip to	Part 5 to sign		1011	1.			
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Part 2. BENEFITS: If any member of your	household ro	coi	100	Sur	nle		ontal Nutrit	ion	Λει	iete	noc	Program (SN		or	Ohi	0.1	Vorke Firet	
benefits, provide the name and 7-digit case skip to Part 3. NAME:	e number for t	the	per	son	wh	io i	receives be	enet	fits IBE	and R:	ski	p to Part 5. If	no (one	rec	eiv	es these be	nefits,
Part 3. If any child you are applying for 330-877-2049, tgriffith@lakecenterchrist Homeless	tian.org										00 100							
Part 4. TOTAL HOUSEHOLD GROSS INC box for how often it is received. Record each					ns)). L	ist all incor	me	on	the	san	ne line as the p	ers	on '	who	re	ceives it. C	neck the
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Verification Result: No Change _____ Free to Reduced Price ____ Free to Paid ____ Reduced Price to Free ____ Reduced Price to Paid ____

NCOME ELIC	INCOME ELIGIBILITY GUIDELINES 2021-2022									
Household size	Yearly	Monthly	Weekly							
1	\$23,828	\$1,986	459							
2	32,227	2,686	620							
3	40,626	3,386	782							
4	49,025	4,086	943							
5	57,424	4,786	1,105							
6	65,823	5,486	1,266							
7	74,222	6,186	1,428							
8	82,621	6,886	1,589							
Each additional person:	8,399	700	162							

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

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.

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.