

2016-2017 Multi-Child Application for Meal Benefits

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN
 You may reach the homeless liaison at 614-833-2110.



Apply online at <http://onlineapps.pickerington.k12.oh.us>

1 STUDENTS LIVING IN HOUSEHOLD ATTENDING PICKERINGTON SCHOOLS

Student's ID (See Back)	Print Name for all Students Attending Pickerington Schools First Name	MI	Last Name	M M	Birthdate D D Y Y	Grade	School Code (See Back)	2 SNAP or OWF Ten digit case # (See Back)	3a STUDENT'S Gross Income	Received How Often ?		
									\$	<input type="radio"/> Monthly <input type="radio"/> Weekly	<input type="radio"/> Every Other Wk <input type="radio"/> Twice A Month	<input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway
									\$	<input type="radio"/> Monthly <input type="radio"/> Weekly	<input type="radio"/> Every Other Wk <input type="radio"/> Twice A Month	<input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway
									\$	<input type="radio"/> Monthly <input type="radio"/> Weekly	<input type="radio"/> Every Other Wk <input type="radio"/> Twice A Month	<input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway <input type="radio"/> Foster Homeless /Migran /Runaway
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3b All Adults And Children Living In Household But Not Attending Pickerington Local Schools

Print first and last name of all adults and children not listed above

Check Box if No Income

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

On Payday, How Much Money Did Each Person Get Before Deductions? How Often Did Each Person Get Paid Last Month?

Earnings From work Before Deductions: Job 1	Received How Often ?	Welfare Payments, Child Support/Alimony	Received How Often ?	Pensions, SSI, VA, Retirement, Social Security	Received How Often ?
\$	<input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Every Other Wk <input type="radio"/> Twice A Month	\$	<input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Every Other Wk <input type="radio"/> Twice A Month	\$	<input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Every Other Wk <input type="radio"/> Twice A Month
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WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE →

Mark one ethnicity (Optional):
 HISPANIC / LATINO
 NOT HISPANIC / LATINO

Mark One or more (regardless of ethnicity - Optional):
 ASIAN
 WHITE
 BLACK OR AFRICA AMERICAN
 AMERICAN INDIAN OR ALASKA NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

4 * Adult Household Member Last 4 of Social Security Number

If you do not have a Social Security Number mark this box

Address _____

City _____ Zip _____

Home Phone _____ Daytime Phone _____

ADULT HOUSEHOLD MEMBER MUST SIGN HERE

X _____

Today's Date _____

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 on the application. I also understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

USDA is an equal opportunity provider and employer.

School Instructional Fee Waiver

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 child(ren) qualify for a fee waiver.

Please sign or initial _____

Answering this question will not change whether your children get meal benefits.

**TO CHECK STATUS OF YOUR APPLICATION
 CALL 1-866-711-7341 - STUDENT ID IS REQUIRED**

Return to the School Office or mail to the Food Service Office,
 90 East St, Pickerington, Ohio 43147

Please read the instructions below and carefully complete the application on the opposite side. Benefits will not become effective until your application has been processed. An incomplete application can not be processed; errors will delay processing and meals benefits. For assistance with this application, call food Service at 614-833-3645.

Steps for Successful Completion of Application

1. Use black ink.
2. Print neatly in ALL CAPS.
3. Print only one entry per box.
4. Stay inside the lines.

*Privacy Act Statement: 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 4 digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program (SNAP), Ohio Works First (OWF) 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 information with education, health, and nutrition programs to help them evaluate, fund or determine benefits, auditors for reviews and law enforcement officials to look for violators of the program.

INCOME * ELIGIBILITY GUIDELINES FOR REDUCED-PRICE BENEFITS

*All household income received before deductions.

Household Size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$2,747	\$665
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each Additional Household Member	\$7,696	\$642	\$148

APPLICATION INSTRUCTIONS

COMPLETE SECTION 1: ALL APPLICATIONS MUST PROVIDE STUDENT INFORMATION IN SECTION 1. List all students living in the household that attend Pickerington Local Schools (see below for Foster Children). Enter student's school identification number, also known as their pin number. Enter the child's grade along with the school code shown at the bottom of this page. Follow instructions below to complete required sections depending upon the type of application you are submitting.

APPLYING FOR BENEFITS BASED UPON HOUSEHOLD INCOME

Complete Section 1: See instructions above under Application Instructions.

Complete Section 3a: List all gross income received by each student. Leave blank if no income.

Complete Section 3b: List all other people living in this household related or not. List **all gross income** received by each person listed. This is not the same as take-home pay. List **how often** the income is received. Check box if no income.

Complete Section 4: An adult household member must sign and enter the last 4 digits of their Social Security Number or indicate that they do not have one.

FOR HOUSEHOLDS RECEIVING SNAP (FORMERLY FOOD STAMPS) OR OWF

Complete Section 1: See instructions above under Application Instructions.

Complete Section 2: Enter the 10-digit SNAP or OWF Number for **EACH** child listed (**NOTE:** enter only one number in in each box; **do not enter your 16-digit Medical Card Number**).

Complete Section 4: An adult household member must sign. A Social Security Number is not required.

FOR FOSTER CHILDREN

If any children in the household are FOSTER, please check the box in section 3a indicating they are foster.

List any personal income received by the foster child in section 3a.

Complete section 4: An adult household member must sign. A Social Security Number is not required.

SCHOOL CODES

CENTRAL 101	NORTH 102	RIDGEVIEW 111	LAKEVIEW 112	DILEY 121	HARMON 122
TOLL GATE MIDDLE 123	HERITAGE 135	FAIRFIELD 13	PICK ELEM 132	VIOLET 133	
TOLL GATE ELEM 136	TUSSING 134	SYCAMORE 137			

DO NOT FILL OUT THIS PART. This Is For School Use Only.

Total Income: _____ Household Size: _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____ OWF / SNAP / Foster: _____

Temporary: Free _____ Reduced _____ Expires: _____ First Ext: _____ Second Ext: _____

Confirming Official _____ Date: _____ Follow Up Official _____

Determining Official's Signature: _____ Date: _____