

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	\$23,107	\$1,926	\$445
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546
Each Additional Household Member	\$8,177	\$682	\$158

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 7 or 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 131	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: _____