## **Madison Local School District**

Mr. Robert S. Peterson, Superintendent Bradd Stevens, Treasurer

1379 Grace Street • Mansfield, Ohio 44905 Phone (419) 589-2600

## 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)	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)         School       Grade									Check if No Income							
										-	0						
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Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (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:7-DIGIT CASE NUMBER:7 Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact the district Homeless Liaison at 419-589-2600 EXT 65004.																	
Homeless Migrant Runaway Part 4. TOTAL HOUSEHOLD GROSS IN	COME (befor						nco	me	on	the	same line as	the	e pe	erso	n w	ho receive	s it. Check
the box for how often it is received. Record each income only once.																	
	2. GROSS IN	ICC	)MI	ΕA	ND	HOW OFTI	EN I	T V	VA	S RI	ECEIVED						
<b>1. NAME</b> (List all household members with income)	Earnings from work before deductions	Weekly	Every 2 Weels	Twice	Monthly	Welfare, child support, alimony	Weekly	Every 2	Twice	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2	Twice Manue	Monthly	(indicate fre as "weekly	er Income quency, such " "monthly" ' "annually"
(Example) Jane Smith	\$200	$\boxtimes$				\$150		$\square$			\$0					\$ <u>50.00/</u> q	uarterly
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Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals. Please check a box:  Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver. No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver. Signature of Parent/Guardian: CONTINUE TO OTHER SIDE TO COMPLETE APPLICATION								en) eals.									
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Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)								
An adult household member must sign the application. <i>If Part 4 is completed</i> , the adult signing the form must also list the last four digits of his or her <b>Social Security Number or mark the "I do not have a Social Security Number" box</b> . (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	Print name:	Date:						
Address:Phone Number:								
Last four digits of your Social Security Number:								
Part 7. 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:	Choose one or more (regardless of ethnicity):							
☐ Hispanic/Latino ☐ Not Hispanic/Latino	Asian American Indian or Alasl White Native Hawaiian or other							
Do not complete this section. Intended for school use only.								
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12								
Total Income: Per: 🗌 Week, 🗋 Every 2 Weeks, 🗋 Twice per Month, 🗋 Month, 🗋 Year Household size:								
Categorical Eligibility: Free Reduced Denied Reason:								
Determining/Approval Official's Signature: Date:								

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