

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Food Assistance Program (SNAP, formerly the Food Stamp Program) or Ohio Works First (OWF), complete the following parts:

Part 1: List child(ren)'s name, school, grade, and a **10-digit** SNAP (Food Stamp) or OWF case number beside each child's name. **Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).**

Part 2: Check the appropriate box, if any.

Part 5: Sign the form. A Social Security Number is not necessary. **Read Disclosure* - check yes or no.**

Part 6: Answer this question if you choose to.

If you are applying for homeless, migrant or runaway students, check the appropriate box and contact Pam Pearson, Food Service Director. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, complete the following parts:

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

Part 3: Check the box and list the child's personal use monthly income, if any. Enter Foster Parents name.

Part 5: Sign the form. A Social Security Number is not necessary. List Foster Child's address (not agency address).

Read Disclosure* - check yes or no.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS (including WIC households) complete the following parts:

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

Part 2: Check the appropriate box, if any.

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

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

Column B –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. 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. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). **All other income:** List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include 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. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

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

Part 5: An adult household member **must** sign the form and list his/her Social Security Number, or mark the box if he/she doesn't have one.

*** Disclosure (Northmont Families):** Check whether or not you want the information on this form shared with other school officials for waiver of school fees and extracurricular fees.

Part 6: Answer this question if you choose to.

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

***SNAP: Food Assistance Program (formerly Food Stamp Program)**

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 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 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 Assistance Program (SNAP, formerly Food Stamp Program), 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 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.

FEDERAL INCOME CHART			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

