2023-24 Incarnation School Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

STEP 1	List ALL	Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional	al names, attach another sheet of paper)
Definition of Household Member : "Anyone who is		Child's First Name MI Child's Last Name	Grade Student? Foster Migrant, Yes No Child Runaway
living with you are income and experience if not related." Children in Foste	enses, even		
children who me definition of Hon Migrant or Runa eligible for free n	eet the neless, away are		Check all that apply
How to Apply for Reduced Price Meals for more i	School		
STEP 2	Do any H	ousehold Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDP	PIR?
		If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)	: Write only one case number in this space.
STEP 3	Report In	come for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	
		A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.	How often?
Are you unsure v	what	Household Members listed in STEP 1 here. S B. All Adult Household Members (including yourself)	O O O O
rincome to include here? Flip the page and review the charts titled "Sources		List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive and source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are on the how often? How often? Public Assistance/ How often?	
of Income" for m information.	iore	Name of Adult Household Members (First and Last) Earnings from Work Weekly Bi-Weekly 2x Month Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly	
The "Sources of Income for Children" chart will help you with the Child Income section.		\$ 0000 \$ 000	\$ 0000
The "Sources of for Adults" chart	will help	\$ 0000 \$ 0000	• 0000
you with the All Adult Household Members section.		\$ 0000 \$ 0000	\$ 0000
		\$ 0000 \$ 0000 \$ \$ 0000	\$ O O O O
		Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X	Check if no SSN

"I certify (promise) that all information on this applifalse information, my children may lose meal bene			ven in connection with the re	eceipt of Federal fund	ls, and that school officials may verify (check) the information. I am aware that if I purposely give
Street Address (if available)	Apt#	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult			Today's date

Contact information and adult signature. Mail Completed Form To: Incarnation School, Attn: School Business Manager 45 Williamsburg Lane, Centerville, Ohio 45459

STEP 4

Sources of Income for Children			
Sources of Child Income	Example(s)		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages		
Social SecurityDisability PaymentsSurvivor's Benefits	 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 		
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust		

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
 Salary, wages, cash bonuses Net income from self- employment (farm or business) 	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. The	his information is important and he	elps to make sure we are fully serving our commu	unity.
Responding to this section is optional and does not affect your children's eligibility	y for free or reduced price meals.		
	,		
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino			
Race (check one or more): American Indian or Alaskan Native Asian	Black or African American	Native Hawaiian or Other Pacific Islander	

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 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), Temporary Assistance for Needy Families (TANF) Program 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.

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.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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DO	not tii	l out

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	Weekly Bi-Weekly 2x Month Mor	0:	tegorical Eligibility	Eligibility: Free Reduced Denied O O	
Determining Official's Signature	Date	Confirming Official's Signatur	re Date	Verifying Official's Signature	Date