

# 2011-2012 Multi-Child Application for Meal Benefits

# Pickerington Local School District

Use **Black Ink**. PLEASE STAY WITHIN BOXES AND PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD

- Homeless   
 Migrant   
 Runaway

MARK IF STUDENT IS:

HOUSEHOLDS WITH A FOSTER CHILD: Complete a separate application for each foster child if a child living in your household is the legal responsibility of a welfare agency or court and check here.

## STUDENTS LIVING IN HOUSEHOLD ATTENDING PICKERINGTON LOCAL SCHOOLS

Student's ID (See Back)	Print Name for all Students Attending Pickerington Schools		Birthdate		School Code (See Back)	Grade	Y	Y	Y	3 SNAP or OWF Ten digit case # (See Back)	4a Check Box if No Income	STUDENT'S Gross Income	
	First Name	Last Name	M	D								D	How Often?
												Monthly	00
												Weekly	00
												Every Other Wk Twice A Month	00
												Monthly	00
												Weekly	00
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												Weekly	00
												Every Other Wk Twice A Month	00

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

Print first and last name of all adults and children not listed above	Check Box if No Income	Earnings From work Before Deductions: Job 1	How Often?	Welfare Payments, Child Support/Alimony	How Often?	Pensions, SST, VA, Retirement/Social Security	How Often?	Job 2 or Any Other Income	How Often?
		\$	Monthly	00	Monthly	00	Monthly	00	Monthly
		\$	Weekly	00	Weekly	00	Weekly	00	Weekly
		\$	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month
		\$	Monthly	00	Monthly	00	Monthly	00	Monthly
		\$	Weekly	00	Weekly	00	Weekly	00	Weekly
		\$	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month
		\$	Monthly	00	Monthly	00	Monthly	00	Monthly
		\$	Weekly	00	Weekly	00	Weekly	00	Weekly
		\$	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month
		\$	Monthly	00	Monthly	00	Monthly	00	Monthly
		\$	Weekly	00	Weekly	00	Weekly	00	Weekly
		\$	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month	00	Every Other Wk Twice A Month

Mark one ethnicity (Optional):  
 AMERICAN INDIAN OR ALASKA NATIVE  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 HISPANIC / LATINO  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 NOT HISPANIC / LATINO  
 WHITE

Mark one or more (regardless of ethnicity - Optional):  
 AMERICAN INDIAN OR ALASKA NATIVE  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 HISPANIC / LATINO  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 NOT HISPANIC / LATINO  
 WHITE

Fee Waiver - Optional  
 Yes, I agree to have my meal app used to determine if child(ren) qualify for waiver of instructional fees.  
 No, I don't agree to have my meal app used to determine if child(ren) qualify for waiver of instructional fees.  
 Yes, I agree to have my meal app used to determine if child(ren) qualify for waiver of pay to play fees.  
 No, I don't agree to have my meal app used to determine if child(ren) qualify for waiver of pay to play fees.

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE

\* Adult Household Member Last 4 of Social Security #

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

ADULT HOUSEHOLD MEMBER MUST SIGN HERE

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.

\*See Privacy Act Statement on Reverse Side

Address

City

Zip

Home Phone

Daytime Phone

Return to the School Office or mail to the Food Service Office,  
 300 Opportunity Way, Pickerington, Ohio 43147

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

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		INCOME * ELIGIBILITY GUIDELINES FOR REDUCED-PRICE BENEFITS *All household income received before deductions.			
1.	Use black ink.	Household Size	Yearly	Monthly	Weekly
2.	Print neatly in ALL CAPS.				
3.	Print only one entry per box.				
4.	Stay inside the lines.				
<small>*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 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, 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.</small>		1	20,147	1,679	388
		2	27,214	2,268	524
		3	34,281	2,857	660
		4	41,348	3,446	796
		5	48,415	4,035	932
		6	55,482	4,624	1067
		7	62,549	5,213	1,203
		8	69,616	5,802	1,339
		Each Additional Household Member	7,067	589	136

### APPLICATION INSTRUCTIONS

**COMPLETE SECTION 2: ALL APPLICATIONS MUST PROVIDE STUDENT INFORMATION IN SECTION 2.**  
List all students living in the household that attend Pickerington Local Schools (see below for Foster Children). Enter student's school identification number, also know 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 2:** See instructions above under Application Instructions.  
**Complete Section 4a:** List all gross income received by each student. Check box if no income.  
**Complete Section 4b:** 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 5:** 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 2:** See instructions above under Application Instructions.  
**Complete Section 3:** 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 5:** An adult household member must sign. A Social Security Number is not required.

### FOR FOSTER CHILDREN -- SUBMIT A SEPARATE APPLICATION FOR EACH FOSTER CHILD

**Complete Section 1:** Check the box in Section 1.  
**Complete Section 2:** See instructions above under Application Instructions.  
**Complete Section 4a:** List all personal income received by the foster child. Check box if no income.  
**Complete Section 5:** An adult household member must sign. A Social Security Number is not required.

### SCHOOL CODES

CENTRAL 101

NORTH 102

LAKEVIEW 112

RIDGEVIEW 111

DILEY 121

HARMON 122

TOLL GATE  
MIDDLE 123

FAIRFIELD 131

HERITAGE 135

PICK ELEM 132

TOLL GATE  
ELEM 136

TUSSING 134

SYCAMORE 137

VIOLET 133

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: \_\_\_\_\_