

## 2025-2026 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

<b>Part 1. ALL HOUSEHOLD MEMBERS</b>													
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. <div style="text-align: center;">School Grade</div>	Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income										
		<input type="checkbox"/>	<input type="checkbox"/>										
		<input type="checkbox"/>	<input type="checkbox"/>										
		<input type="checkbox"/>	<input type="checkbox"/>										
		<input type="checkbox"/>	<input type="checkbox"/>										
		<input type="checkbox"/>	<input type="checkbox"/>										

**Part 2. BENEFITS:** If any member of your household receives SNAP or 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:** \_\_\_\_\_

**1. Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Mehreen Suhail at [info@sunriseacademy.net](mailto:info@sunriseacademy.net) or 614-527-0465 to see if they qualify.**

Homeless ☐ Migrant ☐ Runaway ☐

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it.  
Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**  
An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (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: \_\_\_\_\_ ☐ I do not have a Social Security Number

**Part 6. 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): \_\_\_\_\_

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander

**Do not complete this section. Intended for school use only**

Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.

Total Income: \_\_\_\_\_ Per ☐ Week ☐ Every 2 Weeks ☐ Twice per Month ☐ Monthly ☐ Yearly

Household Size \_\_\_\_\_ Categorical Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason Denied: \_\_\_\_\_

Determining/Approval Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Verification Selection, Date Notice Sent \_\_\_\_\_ Response Date \_\_\_\_\_ 2<sup>nd</sup> Notice \_\_\_\_\_ Results Sent \_\_\_\_\_

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

**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 are not required to provide information, but if information is not provided, the state agency 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), Ohio Works First (OWF) case number or other 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.

INCOME ELIGIBILITY GUIDELINES 2025-2026			
Household size	Yearly	Monthly	Weekly
1	\$28,953	\$2,413	\$557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
Each additional Person:	10,175	848	196

**USDA Nondiscrimination Statement**

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, **AD-3027**, found online at How to File a Program Discrimination Complaint 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:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

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