2018-2019 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS																		
Names of all household members	Name of school and school grade each child/or indicate "NA" if child i school. School				child is					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	
(First, Middle Initial, Last)	Scn	001				'	Grad	=		SK	up t	o Paπ 5 to sign	เกเร	TOIT	n.			Income
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Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OV								(OVVE)										
benefits, provide the name and 7 or 10-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:																		
Part 3. If any child you are applying fo											ар	propriate box	an	d ca	ıII .	Jain	nie Brown,	330484-
8020. Part 4. TOTAL HOUSEHOLD GROSS IN	Hor					ligrant			awa		P 64	ame line as the	a ne	ירפוי) \A/	ho r	eceives it C	heck the
box for how often it is received. Record ea	ach income or	ıly c	nce	€.									s þe	1301	1 44	110 1	eceives it. C	HICCK LITE
	2. GROSS I	NC	MC	EΑ	ND	HOW (OFTE	N	T W	/AS	RE	CEIVED						
1. NAME (List all household members with income)	Earnings from work before deductions	Weekly	Lvery 2	Monthly	Monthly	Welfa chil supp alimo	ld ort,	Weekly	Every 2 Weeks	Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Monthly	Monthly	All Other (indicate fr such as " "monthly" " "annu	equency, weekly" quarterly"
the section of the se	\$200					\$15	50					\$0					\$50.00/qu	rterly
(Example) Jane Smith	\$			H		\$						\$			H		\$	1 1011y
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Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER and Wildcat Backpack Program ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees and to participate in the Weekend Backpack Program. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals. Please check a box: Yes, I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver and the Wildcat Backpack Program No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver or Wildcat Backpack Program Signature of Parent/Guardian for the Instructional Fee Waiver and Wildcat Back Pack Program Consent: Date:																		
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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. 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 get 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: Print name: Date:																		
Sign here:			F	rin [،]	t na	me:												
Address: Phone Number:																		
Last four digits of your Social Security Number: I do not have a Social Security Number																		
Part 7. Children's ethnic and racial identities (optional)																		
Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino	Hispanic/Latino Asian American Indian or Alaska Native Black or African American								rican									



Nutrition Services Information

The Canton Local School District is requesting that ALL FAMILIES PreK-12 please complete the attached "Free & Reduced Family Meal Application" even if you do not qualify for services.

This information determines the district's eligibility for state and federal funding and determines whether we are <u>able to continue providing free meals to all students</u> at Walker Elementary and Faircrest Middle Schools.

Attached is also our **Wildcat Backpacks Weekend Food Program** permission slip. If you are eligible with the completion of all necessary paperwork, your student will begin receiving a bag of food on October 12, 2018.

<u>Checklist</u>
 _ Free & Reduced Family Meal Application (PreK-12 to complete – please list all family members living in household)
Wildcat Backpacks Weekend Food Program Permission Slip
(Please make sure to complete Fee Waiver Section on Free & Reduced Family Meal Application)

Return information as soon as possible! See details on back of packet.

Thank you for your support and have a great rest of the summer!!

Sincerely,

Ashley Ritz,

Nutrition Services and Wellness Director

Pride.Innovation.Future



Dear Parents and Guardians,

Canton Local Schools has partnered with the Akron Canton Food Bank and Local Churches to provide weekend meals for eligible students upon completion of necessary paperwork. A bag of food will be sent home on Friday afternoons beginning October 12, 2018. Students will receive two breakfasts, two lunches and two snacks.

Please list all children and students in your household below. Make sure to complete Fee Waiver section on attached application. Contact Ashley Ritz or Sarah Hochadel at 330-484-8010 with any questions. You may also email ashley.ritz@cantonlocal.org.

Today's Date:	Phone Number:	
Parent/Guardian Name:		
Student Name:		Grade:
Allergies		
Student Name:		Grade:
Allergies		
Student Name:		Grade:
Allergies		
Student Name:		Grade:
Allergies		
I,Backpack Program.	, give permission for my student(s) to pa	rticipate in the Wildcat
Parent/Guardian Signature:		

^{***}Complete Part 5: School Instructional Fee Waiver on School Meals Family Application ***