

2026-2027 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION -- WCCC

Part 1. ALL HOUSEHOLD MEMBERS		PLEASE PRINT	
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.	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
	School Grade		
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (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: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call WCCC at 740-373-2766 ext. 4017 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	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(Example) Jane Smith	\$200	☒	☐	☐	☐	\$150	☐	☒	☐	☐	\$0	☐	☐	☐	☐	\$50.00/quarterly
	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$ _____ / _____
	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$ _____ / _____
	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$ _____ / _____
	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$ _____ / _____
	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$ _____ / _____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.
 Please check a box: ☐ **Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**
 ☐ **No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**

Signature of Parent/Guardian: _____ Date: _____

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 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 7. 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.

<u>Choose one ethnicity:</u> ☐ Hispanic/Latino ☐ Not Hispanic/Latino	<u>Choose one or more (regardless of ethnicity):</u> ☐ Asian ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black or African American
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Do not complete this section. Intended 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: _____	Per: Week, Every 2 Weeks, Twice per Month, Month, Year	Household size: _____	
Categorical Eligibility: ____	Date Withdrawn: _____	Eligibility: Free ____ Reduced ____ Denied ____	Reason: _____
Determining/Approval Official's Signature: _____		Date: _____	
Confirming Official's Signature: _____		Date: _____	
Follow-up Official's Signature: _____		Date: _____	
If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2 nd Notice Sent: _____ Results Sent: _____			
Verification Result: No Change ____ Free to Reduced Price ____ Free to Paid ____ Reduced Price to Free ____ Reduced Price to Paid ____			

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 2026-2027			
Household size	Yearly	Monthly	Weekly
1	\$29,526	\$2,461	\$568
2	40,034	3,337	770
3	50,542	4,212	927
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each Additional Person:	10,508	876	203

USDA Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

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.

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