

Cincinnati Public Schools
2018 - 2019 Application for Free and Reduced Price Meals

Apply online at
<https://schoolcafe.com>

Complete one application per household. Please use a pen (not a pencil).

STEP 1 — All Children in the Household

Student ID (optional)	School	Date of Birth	Last Name	First Name	MI	Grade (Optional)	Foster	Homeless	Runaway	Head Start
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write the 7-10 digit case number of the person receiving benefits then skip to STEP 4.

Name: _____

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Household Members section.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly

Child Income	How Often?			
	W	E	T	M
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by children listed in Step 1 here.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Household Member Name (First and Last)	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?					
		W	E	T	M		W	E	T	M		W	E	T	M		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Household Size (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member *** - ** - Check if no SSN

No! I do not want information from my Free and Reduced Price School Meals Application shared for instructional fees. Yes! I DO want information from my Free and Reduced Price School Meals Application shared for instructional fees.

Signature of Parent/Guardian (Required if "yes" is checked)

STEP 4 — Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed name of adult completing the form Signature of adult completing the form Today's Date M M D D Y Y

Street Address (if available) City State ZIP Code

Home Phone Number Work Phone Number Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander White

