2026–2027 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Sacred Heart Campus • Early Childhood Campus • SJCC Campus

STEP 1 — LIST ALL STUDENTS IN YOUR HOUSEHOLD ATTENDING BHCS			
Student Name (First & Last)	**Campus / School**	**Grade**	**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**
			☐
			☐
			☐
			☐

STEP 2 — PARTICIPATION IN ASSISTANCE PROGRAMS

If ANY household member currently participates in SNAP, Ohio Works First/TANF, or FDPIR, list the case number below. Do not list an EBT card number. If you provide a valid case number, skip Step 4.

Program: ☐ SNAP ☐ Ohio Works First/TANF ☐ FDPIR	**Case Number:**
Name of household member receiving benefits:	

STEP 3 — HOMELESS, MIGRANT, OR RUNAWAY STATUS

If any student listed in Step 1 is homeless, a migrant student, or a runaway youth, check the appropriate box below. This status must be confirmed by the appropriate school/program staff. You may choose to provide income information as well.

Student Name	**Status (check all that apply)**
	☐ Homeless ☐ Migrant ☐ Runaway
	☐ Homeless ☐ Migrant ☐ Runaway
	☐ Homeless ☐ Migrant ☐ Runaway
	☐ Homeless ☐ Migrant ☐ Runaway

If you check any box above, please contact the appropriate school contact so the status can be reviewed:

Sacred Heart: Mr. Justin Combs — 419-332-7102 **SJCC:** Kim Cope — 419-332-9947

STEP 4 — HOUSEHOLD MEMBERS AND INCOME (Complete if required)

List everyone who usually lives together and shares income and expenses. Report gross income before deductions. If a person has no income, write $0.

Name	**Earnings / Work Income**	**Other Income**	Income Frequency	**No Income**

Part 5 — School Instructional Fee Waiver Adult Consent

Your child(ren) may qualify for a waiver of school instructional fees. Your permission is required to share your meal application information with the 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 select **ONE**:

☐ **NO** — I do **not** agree to have my application used to determine if my child(ren) qualify for a school instructional fee waiver.

☐ **YES** — I agree to have my meal application used to determine if my child(ren) qualify for a school instructional fee waiver.

Signature of adult completing application: _____ Date: _____

Part 6 — Signature and Last Four Digits Of Social Security Number (Adult MUST Sign)

An adult household member must sign this application. If Part 4 is completed, the adult signing this form must also list the last four digits of his or her Social Security Number or mark the "I don't have a social security number" box. (see privacy act 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 this information is provided in connection with the receipt of Federal funds, that school officials may verify the information, and that deliberately providing false information may result in loss of meal benefits and may be subject to applicable law.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____ Phone Number: _____

Last 4 digits of SSN: ____ ____ ____ ____ ☐ Check if no Social Security number

OPTIONAL — ETHNICITY AND RACE

Optional and does not affect eligibility. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

INSTRUCTIONS AND IMPORTANT INFORMATION FOR PARENTS/GUARDIANS

WHO CAN QUALIFY? Children may qualify based on household income and size, participation in SNAP, Ohio Works First/TANF, or FDPIR, or an individual child's status as foster, homeless, migrant, or runaway.

ONE APPLICATION Use one application for all Bishop Hoffman Catholic School students living in your household. You may submit an application at any time during the school year.

HOMELESS, MIGRANT, OR RUNAWAY If you believe a child meets one of these descriptions, check the appropriate box and contact the school contact listed on the application. The status must be confirmed by the appropriate program staff.

INCOME TO REPORT Report gross income before taxes and deductions, the amount received, and how often it is received.

CITIZENSHIP / IMMIGRATION U.S. citizenship or immigration status is not a condition of eligibility for free or reduced-price school meal benefits.

USE OF INFORMATION

The Richard B. Russell National School Lunch Act requires the information requested on this application. Missing required information may prevent approval. Information is used to determine eligibility and for administration and enforcement of the National School Lunch Program and School Breakfast Program.

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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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Effective July 1, 2026 through June 30, 2027

Size	FREE Annual	FREE Monthly	FREE Twice Monthly	FREE Bi-Weekly	FREE Weekly	REDUCED Annual	REDUCED Monthly	REDUCED Twice Monthly	REDUCED Bi-Weekly	REDUCED Weekly
1	$20,748	$1,729	$865	$798	$399	$29,526	$2,461	$1,231	$1,136	$568
2	$28,132	$2,345	$1,173	$1,082	$541	$40,034	$3,337	$1,669	$1,540	$770
3	$35,516	$2,960	$1,480	$1,366	$683	$50,542	$4,212	$2,106	$1,944	$972
4	$42,900	$3,575	$1,788	$1,650	$825	$61,050	$5,088	$2,544	$2,349	$1,175
5	$50,284	$4,191	$2,096	$1,934	$967	$71,558	$5,964	$2,982	$2,753	$1,377
6	$57,668	$4,806	$2,403	$2,218	$1,109	$82,066	$6,839	$3,420	$3,157	$1,579
7	$65,052	$5,421	$2,711	$2,502	$1,251	$92,574	$7,715	$3,858	$3,561	$1,781
8	$72,436	$6,037	$3,019	$2,786	$1,393	$103,082	$8,591	$4,296	$3,965	$1,983

Each additional household member: FREE +$7,384 annual, +$616 monthly, +$308 twice monthly, +$284 bi-weekly, +$142 weekly. REDUCED-PRICE +$10,508 annual, +$876 monthly, +$438 twice monthly, +$405 bi-weekly, +$203 weekly.

FOR SCHOOL USE ONLY — DO NOT WRITE BELOW THIS LINE	
Date Received:	
Household Size:	
Total Income / Frequency:	
Eligibility: ☐ Free ☐ Reduced ☐ Denied	
Determining Official / Date:	