

Dear Parent/Guardian,

Children need healthy meals to learn. Saint Gregory's will be offering healthy meals to the student each day. The cost per student lunch will be \$3.75. However, your children may qualify for free or reduced-price meals. The reduced price will be \$1.50.

To apply for free or reduced-price meals, use the free and reduced-price school meals application on the back of this page. We cannot approve an application that is not complete so be sure to fill out all required information. Return the completed application to the school office by Friday, August 25<sup>th</sup>.

<b>Federal Income Chart for School Year 2023-24 (Reduced)</b>			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each Add'l Add	9,509	793	183

<b>Federal Income Chart for School Year 2023-24 (Free)</b>			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	18,954	1,580	365
2	25,636	2,137	493
3	32,318	2,694	622
4	39,000	3,250	750
5	45,682	3,807	879
6	52,364	4,364	1,007
7	59,046	4,921	1,136
8	65,728	5,478	1,264
Each Add'l Add	6,682	557	129

**FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION** (one application per household)

PART 1. CHILDREN IN SCHOOL			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #.
			_____ - _____
			_____ - _____
			_____ - _____
			_____ - _____
			_____ - _____

**PART 2. HOMELESS/MIGRANT/RUNAWAY** - If the child you are applying for is homeless, migrant or a runaway, check the appropriate box and call the school office. HOMELESS  MIGRANT  RUNAWAY

**PART 3. FOSTER CHILD** – If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child’s personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**PART 4. TOTAL HOUSEHOLD GROSS INCOME.** You must tell us how much and how often.

1. NAME (List everyone in household)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				3. Check here if NO income
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example) Jane Smith</i>	\$200.00/weekly	\$150.00/bi-weekly	\$100.00/monthly	\$50.00/monthly	<input type="checkbox"/>
	\$ ____/_____	\$ ____/_____	\$ ____/_____	\$ ____/_____	<input type="checkbox"/>
	\$ ____/_____	\$ ____/_____	\$ ____/_____	\$ ____/_____	<input type="checkbox"/>
	\$ ____/_____	\$ ____/_____	\$ ____/_____	\$ ____/_____	<input type="checkbox"/>
	\$ ____/_____	\$ ____/_____	\$ ____/_____	\$ ____/_____	<input type="checkbox"/>
	\$ ____/_____	\$ ____/_____	\$ ____/_____	\$ ____/_____	<input type="checkbox"/>

**PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**  
 An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the “I do not have a Social Security Number” box.**  
*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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**PART 6. CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other
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**DO NOT FILL OUT THIS PART. THIS IS 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 A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free\_\_\_ Reduced\_\_\_ Denied\_\_\_ Reason: \_\_\_\_\_

Temporary: Free\_\_\_ Reduced\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)

Determining Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_