



115 Pine Street
 Zelienople, PA 16063
 phone 724-452-9731
 fax 724-452-4064
 email schooloffice@stgregzelie.org
 www.stgregzelie.org

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 \$3.25. However, your children may qualify for free or reduced price meals. The reduced price will be \$.75.

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.

Federal Income Chart for School Year 2019-20 (Reduced)			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each Add'l Add	8,177	682	158

Federal Income Chart for School Year 2019-20 (Free)			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	16,237	1,354	313
2	21,983	1,832	423
3	27,729	2,311	534
4	33,475	2,790	644
5	39,221	3,269	755
6	44,967	3,748	865
7	50,713	4,227	976
8	56,459	4,705	1,086
Each Add'l Add	5,746	479	111

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	
(Example) Jane Smith	\$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"/> White <input type="checkbox"/> American Indian or Alaska Native <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: _____