

Elyria Catholic High School Free and Reduced Lunch Application

Elyria Catholic High School offers free and reduced lunch based on the federal eligibility income guidelines for 2018-2019. We are not subsidized by the government; therefore, the following must be completed to apply for free or reduced lunch:

1. This application must be completed and signed.
2. A *Facts Grant & Aid Assessment Application* must be on file with a verified status. This is the same application used for financial assistance, and only needs to be completed once each year. If an application has not been completed, it can be found on the EC website under Admissions tab /Financial Aid.
3. A Free / Reduced lunch includes the following: one entrée, one side, and a beverage (milk / water.)

Please **return** this form to the school when completed by **Friday, September 14, 2018**.

Part A. All Household Members

Name	Name of School	Grade Level	Check if Foster Child	Check if No Income

Part B. Total Household Gross Income

List all household members with Income	Gross Income before deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	Weekly Twice Monthly Or Monthly
<i>(Example) Jane Smith</i>	\$400	\$150	\$0	Weekly

(Continue on other side)

Part C. Signature and Last Four Digits of Social Security Number (Adult Must Sign)

An adult household member must sign the application and provide the last four digits of his or her social security number.

I certify that all the information on this application is true and that all income is reported. I understand that school officials may verify the information. I understand that deliberate misrepresentation of information may cause my child to lose meal benefits.

Signature _____

Print Name _____

Address _____

City _____ State Ohio Zip _____

Phone Number _____

Last four digits of your Social Security Number _ _ _ _

Date _____

INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2018 through June 30, 2019

Households with total incomes less than or equal to the values below are eligible for free or reduced -price meals.

HOUSEHOLD SIZE	FREE						REDUCED					
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		
1	\$15,782	\$1,316	\$658	\$607	\$304	\$22,459	\$1,872	\$936	\$864	\$432		
2	21,398	1,784	892	823	412	30,451	2,538	1,269	1,172	586		
3	27,014	2,252	1,126	1,039	520	38,443	3,204	1,602	1,479	740		
4	32,630	2,720	1,360	1,255	628	46,435	3,870	1,935	1,786	893		
5	38,246	3,188	1,594	1,471	736	54,427	4,536	2,268	2,094	1,047		
6	43,862	3,656	1,828	1,687	844	62,419	5,202	2,601	2,401	1,201		
7	49,478	4,124	2,062	1,903	952	70,411	5,868	2,934	2,709	1,355		
8	55,094	4,592	2,296	2,119	1,060	78,403	6,534	3,267	3,016	1,508		
Each Additional Member Add	+5,616	+468	+234	+216	+108	+7,992	+666	+333	+308	+154		

INCOME CONVERSION:

Weekly Income $\times 52$ = Annual income
 Every 2 Weeks Income (Every other week, Bi-weekly) $\times 26$ = Annual income
 Twice a Month Income (Bi-monthly) $\times 24$ = Annual income