



2024-2025 School Year Reduced Lunch Program

Dear Parent/Guardian,

The Medina County Career Center does not receive federal dollars for a Free/Reduced Lunch Program; however, we may be able to assist your student with our own self-funded Reduced Lunch Program.

Please complete the attached application and your request will be processed to determine eligibility. To view income eligibility guidelines visit www.fns.usda.gov/cn/income-eligibility-guidelines.

FREQUENTLY ASKED QUESTIONS

1. Do I need to fill out an application for each child attending MCCC?

- No. Complete one application for all students in your household attending the Career Center.

2. Will the information I give be checked?

- Yes. Include verification for all income listed on the application.

Examples of documents needed: 2024 Income Tax Return (1040 not W2's), Social Security, SNAP, WIC, unemployment, child support and/or spousal support amounts.

3. Who should I include as members of my household?

- You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

Return the completed application along with the required documents to:

Mr. Jeffrey S. Hicks, Principal
Medina County Career Center
1101 West Liberty Street
Medina, OH 44256

4. How will I know my status?

- A Career Center official will notify your student once their application has been processed and whether or not it was approved.

5. If I don't qualify now, may I apply later?

- Yes. You may apply at any time during the school year if your household size increases and/or income goes down. If you lose your job, your children may be able to get reduced price meals.

6. What if I disagree with the school's decision about my application?

- You should talk to school officials. You also may ask for a hearing by calling or writing:

Mr. Steven Chrisman, Superintendent
Medina County Career Center
1101 West Liberty Street
Medina, OH 44256
330-725-8461, Ext. 111

Sincerely,

A handwritten signature in black ink that reads "Jeffrey S. Hicks".

Jeffrey S. Hicks
Principal

APPLICATION INSTRUCTIONS

PART I - STUDENT INFORMATION

- (a) Print name of student(s)
 (b) Fill out grade level, program, and home school
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PART II - **INCOME AND ASSISTANCE**

- (a) List any current jobs held by the student
 (b) List other household members and incomes (*All GROSS incomes should be shown as weekly, bi-weekly, monthly, etc.*) Include everyone, whether they receive income or not (related and non-related)
 (c) Supply Food Stamp or OWF information
 (d) Please provide copies of your income tax form for the previous year or other legal evidence of your household income.
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INCOME TO REPORT – PLEASE READ CAREFULLY AND REPORT ACCORDINGLY

Earnings from Work	Pensions/Retirement/ Social Security	Welfare/Child Support/Alimony	Other Income
Wages/Salaries/Tips	Pensions	Public Assistance Payments	Disability Benefits
Strike Benefits	Supplemental Security Income	Welfare Payments	Cash Withdrawn from Savings
Unemployment Compensation	Retirement Income	Alimony/Child Support Payments	Interest/Dividends
Worker's Compensation	Veteran's Payments		Income from:
Net income from self-owned business or farm	Social Security		<ul style="list-style-type: none"> • Estates/Trusts/Investments • Regular contributions from persons not living in the household • Net Royalties/Annuities/Net Rental Income
			Any other income

PART III

- (a) All applications must have the signature of an adult household member.
 (b) Complete other information
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Privacy Act Statement: This explains how we will use the information you give us.

We follow the Richard B. Russell National School Lunch Act which requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for a reduced price meal. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for a reduced price meal, and for administration and enforcement of our meal program. We may share your eligibility information with auditor's reviewing our records and law enforcement officials to help them look into violations of program rules.

The Medina County Career Center, JVSD is committed to equal opportunity for all and does not discriminate on the basis of race, color, religion, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

2024-2025 MEDINA COUNTY CAREER CENTER REDUCED LUNCH APPLICATION

To apply for reduced price meals, complete the application using the instructions below. Sign the application and return the application along with the required proof of income to the Medina County Career Center, Principal's Office. Call the school if you need help: **(330) 725-8461 or 1-866-896-6222.**

PART I - STUDENT INFORMATION

Student Name	Grade
Program	Home School

Please include a copy of last year's income tax return and verification papers for all income listed (ex. pay stubs, social security, etc.).

PART II – INCOME AND ASSISTANCE

Name of Household Members <i>(List everyone in the household)</i>	Food Stamp/OWF Case Number	Foster Child Personal Use Income	Source of Income <i>(i.e. Employer, Social Security, Welfare, Child Support, Workers' Comp., Unemployment, SSI, etc.)</i>	Gross Income Amount <i>Example \$150/weekly</i>
MCCC Student:				\$
Other Household Members:				\$
				\$
				\$
				\$
Parent/Guardian:				\$
Parent/Guardian:				\$

(See Application Instructions regarding Income to Report)

PART III

I certify the information provided is accurate and complete. _____
(Signature of Parent/Guardian)

Printed Name _____

Address _____

City _____ State _____ Zip _____ Date _____

Home Phone _____ Work Phone _____

To Be Completed by School Official

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Eligibility: Approved _____ Denied _____ Date _____

Total Income: \$ _____ Household Size: _____

Signature _____