

**Reading City Schools**  
**Free and Reduced meals Application 2010-2011**

Dear Parent/Guardian:

*Children need healthy meals to learn. **Reading City Schools** offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.00 for k-5 and \$2.25 for grades 6-12. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.*

**1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. 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 with your child.**

**2. Who can get free meals?** Children in households receiving benefits through the **Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program)**, or Ohio Works First (OWF) benefits and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free meals?** If you have not been told your children will get free meals, please call or email the school to see if they qualify.

**4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart.

**5. Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the school at **936-7024** if you have questions.

**6. My Child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

**7. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**8. Will the information I give be checked?** Yes, we may ask you to send written proof.

**9. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year.

**10. 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 936-7024 or writing to: **Mary Lynne Bierman, Food Service Director, 4131 Matson Ave. Cincinnati, Ohio 45236.**

**11. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**12. 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.

**13. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.

**14. We are in the military, do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

**15. My Spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

**16. Why am I being asked about giving my consent for an instructional fee waiver?** Ohio public schools are required to waive the school instructional fees for children who qualify for free meal benefits. School Food Service personnel must have parent consent to share student meal application if your child(ren) qualify for a fee waiver. If you agree to allow your child(ren)'s meal application to be shared with school officials to see if he/she/they qualifies for a fee waiver then check "yes" in part 5. If you do not wish for that information to be shared, then check "no" in part 5. Answering no to this question will mean your child will not be able to be considered for a fee waiver. Answering this question either way will not change whether your child(ren) will get free or reduced price meals.

**17. My Family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call **513-936-7024**.

*Si necesita ayuda, por favor llame al teléfono: 513-936-7024.*

*Si vous voudriez d'aide, contactez nous au numero: 513-936-7024.*

Sincerely, Mary Lynne Bierman

**INSTRUCTIONS FOR APPLYING  
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU**

**IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP, FORMERLY THE FOOD STAMP PROGRAM), OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List all household members, the school name for each child, and the **10 digit** SNAP (Food Stamp) or OWF case number for any household member (including adults). Ohio Direction Card Numbers **are not** acceptable (these are 16 digits in length). Attach another sheet of paper if you need to.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Answer yes or no if you would like the application to be checked by school official to determine if the child(ren) qualifies for a school instructional fee waiver
- Part 6:** Sign and date the form. A Social Security Number is not necessary.
- Part 7:** Answer this question if you choose to.

**IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List all household members, the school name for each child.
- Part 2:** Check the appropriate box.
- Part 3:** Skip this part.
- Part 4:** Complete only if a child in your household isn't eligible under Part 2. See Instruction for All Other Households.
- Part 5:** Answer yes or no if you would like the application to be checked by school official to determine if the child(ren) qualifies for a school instructional fee waiver
- Part 6:** Sign and date the form. A Social Security Number is not necessary if you didn't need to fill in part 4.
- Part 7:** Answer this question if you choose to.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** Use a separate application for each foster child. List the child's name, school, and, if the child has no income, check the box "no income".
- Part 2:** Skip this part.
- Part 3:** Check the box and list the child's personal use monthly income, if any. This does not include any funds the Foster Parent(s) receives from the courts for acting as a Foster Parent. This is only the child's personal income (stipend, part-time job, etc.)
- Part 4:** Skip this part.
- Part 5:** Answer yes or no and sign if you would like the application to be shared with school officials if the child(ren) qualifies for a school instructional fee waiver
- Part 6:** Sign and date the form. A Social Security Number is not necessary.
- Part 7:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box". Attach another sheet of paper if you need to.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.  
**Column 1–Name:** List all household members with income. Attach another sheet of paper if you need to.  
**Column 2 –Gross income last month and how often it was received.** For each household member list each type of income received for the month. You must tell us how often it was received – weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and ALL OTHER INCOME SOURCES. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. For ONLY the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances as income.
- Part 5:** Answer yes or no if you would like the application to be shared with school officials if the child(ren) qualifies for a school instructional fee waiver
- Part 6:** An adult household member must sign the form and list his or her Social Security Number (or mark the box if s/he doesn't have one). Include today's date.
- Part 7:** Answer this question if you choose to.

**2010-2011 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**Part 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)**

Names of household members (First, Middle Initial, Last)	School Name for Each Child	10-digit Supplemental Nutrition Assistance Program* (SNAP, Food Stamp) or Ohio Works First (OWF) case # for any member of the household. <b>Skip to Part 5 if you list a SNAP* or OWF case #</b>										Check if No Income	
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>

**Part 2. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box** Homeless  Migrant  Runaway  **and call Mary Lynne Bierman at 513- 936-7024**

**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 all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income
<i>(Example)</i> <i>Jane Smith</i>	\$ <u>200</u> /weekly	\$ <u>150</u> /every other week	\$ <u>100</u> /monthly	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT:** Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals.

Please check a box: ( ) Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver

( ) No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver

Signature of Parent/Guardian for the Instructional Fee Waiver Question

: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 6. 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 must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement 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 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: X \_\_\_\_\_ Print

name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number

**Part 7. Children's ethnic and racial identities (optional)**

Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian
- White
- Islander
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific

**Don't 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/Approval Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If selected for Verification, Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2<sup>nd</sup>

Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

Verification Result: No Change \_\_\_\_ Free to Reduced Price \_\_\_\_ Free to Paid \_\_\_\_ Reduced Price to Free \_\_\_\_ Reduced Price to Paid \_\_\_\_

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**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act 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 free or reduced price meals. 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 Supplemental Nutrition Assistance Program (SNAP, former Food Stamp Program), Ohio Works First (OWF) 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 free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

**National School Lunch Program/ Prototype Notification Letter**  
(Put on Sponsor Letterhead)

**NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS**  
**For the 2010-2011 Program Year**

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren):

_____	_____
_____	_____
_____	_____

Your application was:

Approved for free meals.

Approved for reduced-price meals at \$\_\_\_\_\_ for lunch, \$\_\_\_\_\_ for breakfast, and \$\_\_\_\_\_ for snacks.

Temporarily approved for free meals until \_\_\_\_\_.

Denied for the following reason(s):

Income over the allowable amount.

Incomplete application because

\_\_\_\_\_

Other

\_\_\_\_\_

If you do not agree with the decision, you may discuss it with the [**School official's name**] at [**phone number**].

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name           (**School Hearing Official's name**)          

Address \_\_\_\_\_

Phone \_\_\_\_\_

If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size or become eligible to receive Food Assistance Program (SNAP, formally called food stamps) or OWF funds, fill out an application at that time.

Sincerely,  
[signature]

\_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Date

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**SHARING INFORMATION WITH MEDICAID/*Healthy Start, Healthy Families***

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State of Ohio Healthy Start, Healthy Families Program. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and *Healthy Start, Healthy Families* that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and *Healthy Start, Healthy Families* only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or *Healthy Start, Healthy Families*, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the *Healthy Start, Healthy Families*.

**If you checked no, fill out the form below.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

For more information, you may call **[name]** at **[phone]**.

**Return this form to: [address] by [date].**

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

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- No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.
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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

**If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **[name]** at **[phone]**.  
**Return this form to: [address] by [date].**