

One Application per Household Effective July 1, 2006

Reynoldsburg City Schools

Dear Parent/Guardian:

Children need healthy meals to learn. Reynoldsburg City Schools offers healthy meals every school day. Lunch costs \$1.65 to \$2.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.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: your child's school building**
- 2. Who can get free meals?** Children in households getting Food Stamps or Ohio Works First (OWF) and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call **school, homeless liaison or migrant coordinator** to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 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, shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the Food Service Director at **614-501-1030** if you have questions.
- 6. 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.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. 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 goes up, income goes down, or if you start getting Food Stamps, OWF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. 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 to: Connie Fatseas 614-501-1030
- 10. 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.
- 11. 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.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **614-501-1030**
Si necesita ayuda, por favor llame al teléfono: 614-501-1030
Si vous voudriez d'aide, contactez nous au numero: 614-501-1030

Sincerely,
Connie Fatseas
Food Service Director

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR OHIO WORKS FIRST (OWF), follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or OWF case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

**Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

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 grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay.

Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

2010 - 2011 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
Reynoldsburg City Schools is an Equal Opportunity Provider

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school Last Middle Initial First	School Bldg	Student ID	Grade	10-digit Food Assistance Program* (SNAP, Food Stamp) or OWF case # (if any) for each child.																
				Skip to Part 5 if you list a SNAP* or OWF case #																

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school's homeless liaison, migrant coordinator at (614) 501-1020. 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 each child and adult in the household) <i>Please print</i>	2. Gross income and how often it was received				3. Check if NO income
	<i>Example: \$100/monthly</i>	<i>\$100/twice a month</i>	<i>\$100/ every other week</i>	<i>\$100/weekly</i>	
	Earnings from work before deductions	Welfare, child support alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$ 200/ weekly	\$ 150/ weekly	\$ 100/ monthly	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<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 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 #: _____
 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"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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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 Wks Twice/Month Month Year Household Size _____
 Categorical Eligibility: _____ Date W/D _____ Eligibility: F R D Reason: _____
 Temporary: F R 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 _____ 2nd Notice Sent _____ Results Sent _____
 Verification Result: No Change: Free to Reduced Price Free to Paid Reduced to Free Reduced to Paid

SHARING INFORMATION WITH OTHER PROGRAMS

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.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the ***Raider Wear Program***.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the ***School Fees Program***.

OWF Case Number required: _____
****You must also provide a current copy of your eligibility letter (CNPE).****

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: _____

Child's Name: _____ School: _____

Signature **X** _____
of Parent / Guardian

Date: _____

Printed Name: _____

Address: _____
