

Dear Parent/Guardian:

Children need healthy meals to learn. **Ross Local Schools** offers healthy meals every school day. Breakfast costs; **\$1.00** (Elda only), lunch costs **\$2.00** Grades 1-5, and **\$2.25** 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: Dorothy Schmidt, 3601 Hamilton-Cleves Rd., Hamilton, OH 45013, (513)-863-1252 x1531.**
- 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 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 school at **(513)-863-1252 x1531** 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: **Todd Yohey, 3371 Hamilton-Cleves Rd. Hamilton, OH 45013, (513)-863-1253.**
- 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 **(513)-863-1252 x1531**.

Si necesita ayuda, por favor llame al teléfono: (513)-863-1252 x1531.

Si vous voudriez d'aide, contactez nous au numero: (513)-863-1252 x1531.

Sincerely,

Dorothy M. Schmidt

2007-2008 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)												
Names of all children in school (First, Middle Initial, Last)	School Building Name	Grade	Food Stamp or OWF case # (if any). Skip to Part 5 if you list a Food Stamp 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, homeless liaison, migrant coordinator at phone #] 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 <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> <i>Jane Smith</i>	\$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"/>

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: _____ Zip Code: _____ Phone Number: _____
Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:	Mark one ethnic identity:
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Other	

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 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 Price to Free _____ Reduced Price to Paid _____

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

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 *Healthy Start, Healthy Families*. 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).

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].