ASHLAND CITY SCHOOLS
Administration Offices 416 Arthur St Ashland, OH 44805 Phone: 419-289-1117 Fax: 419-289-9534

Dear Parent/Guardian:

Children need healthy meals to learn. ***Ashland City Schools*** *offers healthy meals every school day. Breakfast costs* ***Elementary $1.00 Secondary $1.25****; Lunch costs* ***Elementary $2.75 Secondary $3.00.*** *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: Debbie Steele Food Service Director 416 Arthur St. 419-289-1117.**

2. Who can get free meals? Children in households receiving benefits through the Food 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 income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? Please call **Steve Wells, Community Liaison** 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 **[phone number]** 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 receiving Food Assistance Program (SNAP) benefits or getting 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: **Business Manager 419-289-1117**.

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 **Debbie Steele 419-289-1117.**
*Si necesita ayuda, por favor llame al teléfono:****419-289-1117.***
Si vous voudriez d'aide, contactez nous au numero: 419-289-1117

Sincerely,

Debbie Steele, Food Service Director

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Food Assistance Program (SNAP, formerly the Food Stamp Program), or gets Ohio Works First (OWF), follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a **10 digit** SNAP (Food Stamp) or OWF case number beside each child's name. Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).
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.

2009-2010 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 Name	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, homeless liaison, migrant coordinator 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** *Example: $100/monthly $100/twice a month $100/every other week $100/weekly*				**3. Check if NO income**
	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	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑

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 Number:_____

Social Security Number: __ __ __ - __ __ - __ __ __ __ ❑ I do not have a Social Security Number

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

Choose one ethnicity:

❑ Hispanic/Latino

❑ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

❑ Asian ❑ American Indian or Alaska Native

❑ White ❑ Native Hawaiian or other Pacific Islander

❑ Black or African American

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: _____ 2nd Notice Sent: _____ Results Sent:_____

Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

* SNAP: Food Assistance Program (formerly the Food Stamp Program)

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 Food 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.

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."