



ADMINISTRATION BUILDING

7550 Forest Road, Cincinnati, Ohio 45255

513/231-3600

Dear Parent/Guardian:

Children need healthy meals to learn. Forest Hills School District offers healthy meals every school day. Lunch costs \$1.75 for elementary schools and \$2.00, \$2.25, \$3.00 and \$3.25 for secondary schools. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.40.

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:** Jane Rogers, Forest Hills School District, 7600 Forest Road, Cincinnati, OH 45255 (phone: 231-4082)
2. **Who can get free meals?** Children in households receiving benefits through 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 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 Jane Rogers at 231-4082 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, 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 231-4082 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 or writing to: Betsy Ryan, Forest Hills School District, 7550 Forest Road, Cincinnati, OH 45255, phone 231-3600.
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 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.
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 their combat pay counted as income?** No, if the combat pay is received in addition to their basic pay because of their deployment and it wasn't received before they were 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 information 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 231-4082.

Si necesita ayuda, por favor llame al teléfono: 231-4082.

Si vous voudriez d'aide, contactez nous au numero: 231-4082.

Sincerely,
Jane Rogers
August 2010

This institution is an equal opportunity provider.

**2010/11 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. Skip to Part 5 if you list a SNAP* or OWF case # | | | | | | 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 and call Phil Sinkovich at 231-3600, ext. 2947
 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 all household members with income) <i>(Example)</i> <i>Jane Smith</i> | 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 |
| | \$200/weekly | \$150/every other week | \$100/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: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> 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: _____ Follow-up 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 _____

This institution is an equal opportunity provider.

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, formerly 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

2010/11 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 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).

- 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 Betsy Ryan at 231-3600, ext. 2948

Return this form with application.