

September 2006

Dear Parent/Guardian:

Marlington Local Schools offers healthy meals each school day and children need healthy meals to learn. Children may buy lunch for \$1.75 at the high school and middle school and \$1.50 at the elementary schools. Breakfast is available at Lexington Elementary School for \$.75. Children who qualify may get meals free or at a reduced-price. The reduced-price for lunch is \$.40 and for breakfast \$30. Please send in this application as soon as possible. Here are a few questions and answers that may help you decide if you need to fill out a free or reduced lunch application.

- 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.**
- 2. Who can get free meals?** Children in households getting Food Stamps or Ohio Works First (OWF) can get free meals. Most foster children can get free meals regardless of foster parent's 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 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 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 (330)823-7458 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, 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.

FEDERAL INCOME CHART			
For School Year			
July 1, 2006 to June 30, 2007			
Household size	Yearly	Monthly	Weekly
1	18,130	1,511	349
2	24,420	2,035	470
3	30,710	2,560	591
4	37,000	3,084	712
5	43,290	3,608	833
6	49,580	4,132	954
7	55,870	4,656	1,075
8	62,160	5,180	1,196
Each additional person:	6,290	525	121

- 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 writing to: Marilyn Preas, Administrative Assistant to the Superintendent, 10320 Moulin Ave. N.E., Alliance, Ohio 44601 or call (330) 823-7458

- 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.

FREE HEALTH CARE: Families with children eligible for school meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. ***Please Note: If you have an Ohio Medicaid Card, you are already getting these services.**

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 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.W. 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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Notice of Eligibility: We will let you know when your application is approved or denied.

If you have other questions or need help, call (330) 823-7458.

Sincerely,

Marlington Local Schools

Tony Scott
Superintendent of Schools

TS:sls

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR OWF, follow these instructions:

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

Do not use OHIO DIRECTION CARD, Medicaid or Healthy Start 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 the Director of Management Services at (330) 823-7458.

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. Indicate "0" if none.

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, pensions, (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.

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	Food Stamp or OWF 10 digit case # (if any). <i>Do not use OHIO DIRECTION CARD, Medicaid or Healthy Start Number</i> 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 Dir of Management Services at (330) 823-7458

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> 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"/>

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: _____

Street Address: _____ City/Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (answer this question if you choose to)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

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: _____ Income Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Expires: _____ (maximum 45 days) Extended to: _____

Change in Status Reason: _____ Date: _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____

Date Verification Notice Sent: _____ Response Due: _____ Second Notice Sent: _____ Results Sent: _____

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

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

